59th Medical Wing

U.S. AIR FORCE

59 MDW
Pediatrics
Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 27 Sep 04

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Pediatrics Product Line Review

Revised Financing Overview
Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
  - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
  - In-house vs. “make vs. buy” to Private Sector
  - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
  - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview
Actual **59 MDW** Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

⇨ Bottom-line: -$6.0M

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

Source: P2R2 Virtual Analyst website

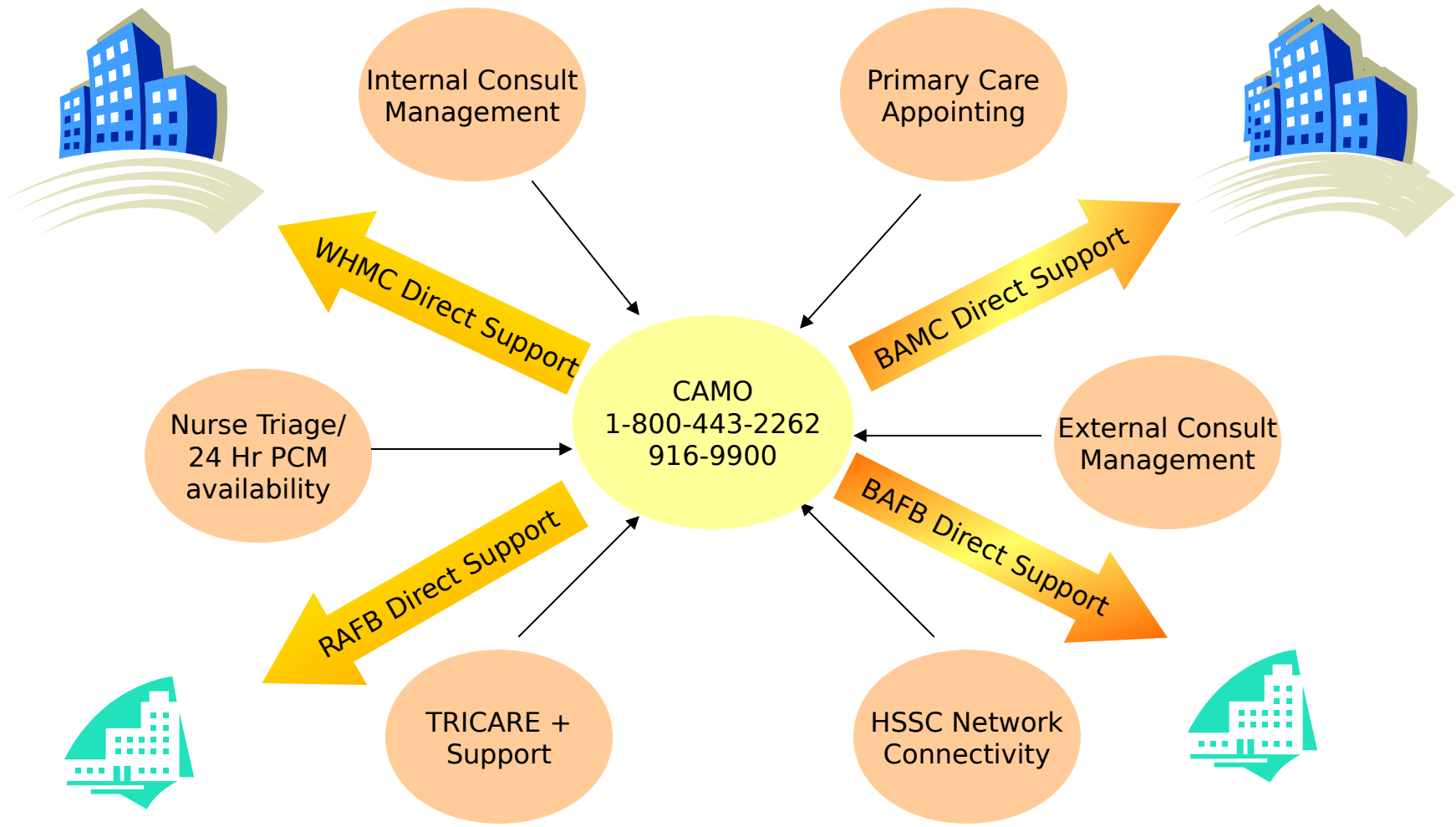
SA-MM Overview
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
  - Optimize efficiency between direct and purchased care markets
  - Eliminate duplicate services
  - Increase synergy and cooperation among San Antonio MTFs
  - Ensure patient satisfaction with access and quality service
  - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
  - Optimize provider mix across specialty lines
  - Move providers and add facility capacity to meet population demands
  - Conduct rigorous business planning for clinical service lines
  - Optimize Third Party Billing, Contracting and Pharmacy
  - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
  - Encourages consolidation of clinical service lines
  - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO


Internal Consult Management
Primary Care Appointing
WHMC Direct Support
BAMC Direct Support
Nurse Triage/ 24 Hr PCM availability
CAMO 1-800-443-2262 916-9900
External Consult Management
RAFB Direct Support
BAFB Direct Support
TRICARE + Support
HSSC Network Connectivity

Pediatrics
Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Enrollment
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- ENT Initiatives and Issues
- Stoplights

Pediatric Department
Overall Description

- Largest Air Force pediatric department
  - Over 250 personnel in four flights
  - Over 90,000 outpatient visits and 3,300 admissions per year
  - Three GME programs
- Numerous subspecialty provider staff supplied by BAMC
- Air Force supplies nearly all support staff
  - Genetic counselor and 1 secretary provided by BAMC

Pediatric Primary Care Clinic
Clinic Description

- Provides primary care for 17,000 enrolled beneficiaries
  - Military general pediatrics – 7,700 patients
  - RSA general pediatrics – 5,400 patients
  - Adolescent medicine – 3,900 patients
- Additional services support Behavioral Health in Primary Care initiative
  - Developmental Pediatrics
  - Child Psychiatry
- Some cross-coverage for staff shortages exists between WHMC and BAMC providers

Pediatric Subspecialty Clinic
Clinic Description

- Regional tertiary care center for children with special health care needs
- Full range of subspecialists
  - Provider staff 50% Air Force / 50% Army
- Vast majority of care provided at WHMC
  - Outreach clinics at BAMC and seven other regional MTFs
  - Child neurologist and developmentalist assigned full time at BAMC also occasionally covers at WHMC

Pediatric Intensive Care Unit
Unit Description

- 6-bed med/surg/trauma pediatric ICU
  - Only PICU in AFMS
  - Only Pediatric Level 1 Trauma Center in DOD
  - Only DOD Pediatric ECMO Center
- No service duplication with BAMC
  - Critical Care services for USAF/USA children
- BAMC provides single 44Y3A-equivalent provider (deployed)

Neonatal Intensive Care Unit
Unit Description

- DoD's largest Neonatal Intensive Care Unit
  - Only DoD Extracorporeal Membrane Oxygenation (ECMO) program, Neonatal Critical Care Air Transport, AFIT RN NICU Course, GME Fellowship Program
- Capable of caring for a wide scope of neonatal disease processes and complexity
  - Cardiothoracic surgical cases sent to local community hospital
- Staff neonatologists provide manning assistance at Fort Hood and in Okinawa
- No neonatal services at BAMC
  - BAMC provides neonatology provider staff to WHMC

Pediatric Inpatient Ward
Unit Description

- 32-bed medical / surgical unit
  - Temporarily relocated to 8B (18 beds)
  - Capacity currently 12 beds due to shortage of nursing staff
- No pediatric inpatient capability at BAMC
  - Army providers share ward attending duties

Pediatric Residency
GME Program Status

- Integrated Residency Program - Yes
  - 8 AF Starts per Year/6 Army start per year
  - 20 Total AF Residents/17 Total Army Residents
    - Total 37 Residents in Integrated Program
- RRC Status: 5-year accreditation: last inspection 1999
- Overall Program Health: (Good)
  - 100% Board Certification pass rate
  - 98% on-time graduation
  - Scores: Class average In-Training Exam score typically in top 15%

Pediatric Residency
GME Program Status

- Case Mix and Patient Volume:
  - Adequate outpatient General Peds and Subspecialty exposure
    - Ft Hood outreach missions critical to subs
  - Marginal numbers for Inpatient service-primarily limited by nursing staff shortage
    - NICU, PICU, Ward
    - Good diversity and complexity of patients
    - Rotations at Santa Rosa and Fort Hood for adequate training
  - RRC review is within the next 6 months, unsure if we will be given passing score for inpatient Pediatric experience
- Work Environment – new accreditation category
  - Residents perform an excessive amount of non-physician duties (social work and admin on inpatient services)
    - Already documented by the ACGME/RRC by survey of our residents-may result in citation by the RRC

Adolescent Medicine Fellowship
GME Program Status

- Integrated Fellowship Program – Yes
  - 1 AF Starts per Year (projected) / 1 Army start per year
  - 1 Total AF Fellow / 3 Total Army Fellows
    - Total 4 Fellows in Integrated Program
  - Starts: minimum 1, optimum 2-3
    - Strong Army interest and application pool, Air Force interest has been low, Navy has been unwilling to support program
- RRC Status: New program as of 2001, received conditional approval pending first review scheduled for January of 2005
- One Army staff Member currently deployed

Adolescent Medicine Fellowship
GME Program Status

- Overall Program Health:
  - One graduate to date, has not yet taken boards
  - 100% on-time Graduation
  - Case Mix and Patient Volume:
    - Patient volume is low for number of in-patients but above average for variety of out-patients
    - Need to utilize outside (civilian) resources for substance abuse treatment and to augment Mental Health training

Neonatology Fellowship
GME Program Status

- Integrated Fellowship Program - Yes
  - 1 AF Starts per Year / 1 Army start per year
  - 3 Total AF Fellows/ 2 Army Fellows / 1 Navy Fellow
    - Total 6 Fellows in Integrated Program
- RRC Status: 5-year accreditation: last inspection 2002
- Overall Program Health: (Good)
  - 100% Board Certification Pass Rate
  - 95% on-time Graduation
    - One fellow delayed one month due to pregnancy
- Case Mix and Patient Volume:
  - Marginal, but adequate with supplemental rotations at Santa Rosa
  - Recent decrease in bed capacity due to nursing deployments exacerbates marginal volume at WHMC

Pediatric Primary Care Clinic

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K***	**Total**	**Staffing**
44KX (general pediatricians)	5	0/4	9	44KX	7	0/3		10	111%
44KXA (adolescent)	1	0	1	45KXA	1	0		1	100%
44KXC (development)	1	0	1	44KXC	1	0		1	100%
44PXA (child psychiatry)	1	0	1	44PXA	1	0		1	100%
46N3B (PNP)	2	0/2	4	46N3B	2	0/2		4	100%
Total Providers	8	0/6	14		10	0/5		15	107%
	AUTHORIZED			**ASSIGNED**					
Support Staff*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K**	**Total**	**Staffing**
46N3 (RN)	4	2/0	6	46N3	0	0		0	0%
4N0X1	5	4/5	14	4N0X1	5	1/5		11	79%
4A0X1	5	2/5	12	4A0X1	5	0/5		10	83%
Total Support Staff	14	8/10	32		10	1/10		21	66%

- Authorized positions in the outpatient flight have been divided between the primary care and subspecialty clinics.

"Per PCO model, should have 11 RNs, 22 4Ns, and 11 4As for 17K patient
- Population – only staffed to 48% by PCO standards"

Pediatric Subspecialty Clinic

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers*	**MIL**	**GS/RS**	**Total**		**AF/Army**	**GS/RS**	**K***	**Total**	**Staffing**
44KXB (cardiology)	1	0/0	1	44KXB	2/1	0/0	0	3	300%
44KXD (endocrinology)	1	0/0	1	44KXD	1/1	0/0	0	2	200%
44JX (genetics)	0	0/0	0	44JX	0/1	0/0	0	1	(deployed) ∞
44KXF (GI)	1	0/0	1	44KXF	1/1	0/0	0	2	200%
44KXG (heme/onc)	1	0/0	1	44KXG	1/3	0/0	0	4	(1 deployed) 400%
44KXH (neurology)	1	0/0	1	44KXH	1.5/0	0/0	0	1.5	150%
44KXJ (pulmonology)	0	0/0	0	44KXJ	0/1	0/0	0	1	∞
44KXK (infectious disease)	1	0/0	1	44KXK	1/1	0/0	0	2	200%
44KXM (nephrology)	0	0/0	0	44KXM	1/1	0/0	0	2	∞
42SX (social worker)	0	0/1	0	42SX	0/0	0/1	0	1	100%
Total Providers	6	0/0	6		9.5/9	0/1	0	20.5	341%

	AUTHORIZED			ASSIGNED					
Support Staff*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K**	**Total**	**Staffing**
46N3 (RN)	4	1/0	5	46N3	3	1/0		4	80%
4N0X1	4	1/0	5	4N0X1	4	1/0		5	100%
4A0X1	2	0/0	2	4A0X1	2	0/0		2	100%
Genetic counselor	0	0/0	0	?	0	0/0	1	1	∞
Respiratory therapist	0	0/1	1	?	0	0/1		1	100%
Total Support Staff	10	2/1	13		9	2/1	1	13	100%

*Authorized positions in the outpatient flight have been divided between the primary care and subspecialty clinics.

Pediatric Intensive Care Unit

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers*	**MIL**	**GS/RS**	**Total**		**AF/Army**	**GS/RS**	**K***	**Total**	**Staffing**
44YXA (critical care)	2	0/0	2	44YXA	2/1	0/0	0	3	(1 deployed) 150%
Total Providers	2	0/0	2		2/1	0/0	0	3	150%
	AUTHORIZED			**ASSIGNED**					
Support Staff*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K**	**Total**	**Staffing**
46N3E (critical care nurse)	18	7/0	25	46N3	13	4.5/0	2	19.5	78%
4N0X1	14	0/0	14	4N0X1	14	0/0		14	100%
4A0X1	0	0/0	0	4A0X1	2	0/0		2	100%
Total Support Staff	32	0/0	36		27	4.5/0	2	33.5	72%

Neonatal Intensive Care Unit

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	**MIL**	**GS/RS**	**Total**		**AF/Army**	**GS/RS**	**K***	**Total**	**Staffing**
44KXE (Neonatologists)	4	0/0	4	44KXE	4/2	0/0	0	5	(1 deployed) 150%
46NXB (NNP)	0	2/0	2	46NXB	0/0	2/0	0	2	100%
Total Providers	4	2/0	6		4/2	2/0	0	8	125%
	AUTHORIZED			**ASSIGNED**					
Support Staff	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K**	**Total**	**Staffing**
46N3F (NICU Nurse)	33	13/0	46	46N3	25	13/0	5	43	(1 deployed) 93%
4N0X1	5	5/0	12	4N0X1	7	5/0		12	100%
4A0X1	2	0/0	2	4A0X1	0	1/0		1	50%
Total Support Staff	42	18/0	60		32	19/0	5	56	93%

Pediatric Inpatient Ward

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K***	**Total**	**Staffing**
Total Providers	0	0/0	0		0	0/0	0	0	N/A
	AUTHORIZED			**ASSIGNED**					
Support Staff*	**MIL**	**GS/RS**	**Total**		**MIL**	**GS/RS**	**K**	**Total**	**Staffing**
46N3 (RN)	21	0/0	21	46N3	14	0/0		14	(1 deployed) 67%
4N0X1	19	0/0	19	4N0X1	18	2/0		20	(2 deployed) 105%
4A0X1	1	0/0	1	4A0X1	1	0/0		1	100%
Total Support Staff	41	0/0	41		33	2/0		35	85%

- 32 Bed (maximum)
- 8B Temp location = 18 bed capacity
- Staffed at 12 beds due to nursing staffing

Pediatric Department
Manpower and Staffing (Con't)

- How does MAPPG06 change authorizations?
  - Deletes entire PICU (38 positions)
    - Providers and staff deleted
    - Would be devastating to multiple training programs
    - Complex surgical patients would be diverted to network
    - WHMC would lose Level 1 Trauma status
  - Deletes 2 general pediatricians and endocrinologist
  - Moves neonatology providers to outpatient flight (??)
  - Adds 2 nurses, 6 4Ns, 2 nurse practitioners to outpatient flight
  - Adds 2 nurses, 21 4Ns, 1 4A to NICU
  - Adds 13 nurses, 2 4Ns to inpatient unit

Pediatric Department
Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
  - General pediatric clinic – 6 FTE providers, 5 LVNs, 5 medical clerks, 1 audiology tech
    - 3 providers to be deleted with RSA conversion effective 11/1/04
  - Subspecialty clinic – 1 respiratory therapist, 1 social worker
- Other contracts
  - Genetic counselor – hired through BAMC
  - NICU Nurses
  - PICU provider staff – funded, awaiting credentialing
- AFMS-wide staffing outlook:
  - Shortages in most subspecialties
  - WHMC will have priority for staffing as the flagship facility
  - No AF pulmonologists – dependent on Army
  - Need to reestablish intensivist and endocrine positions to ensure training pipeline

Pediatrics
Mobility and Other Deployments

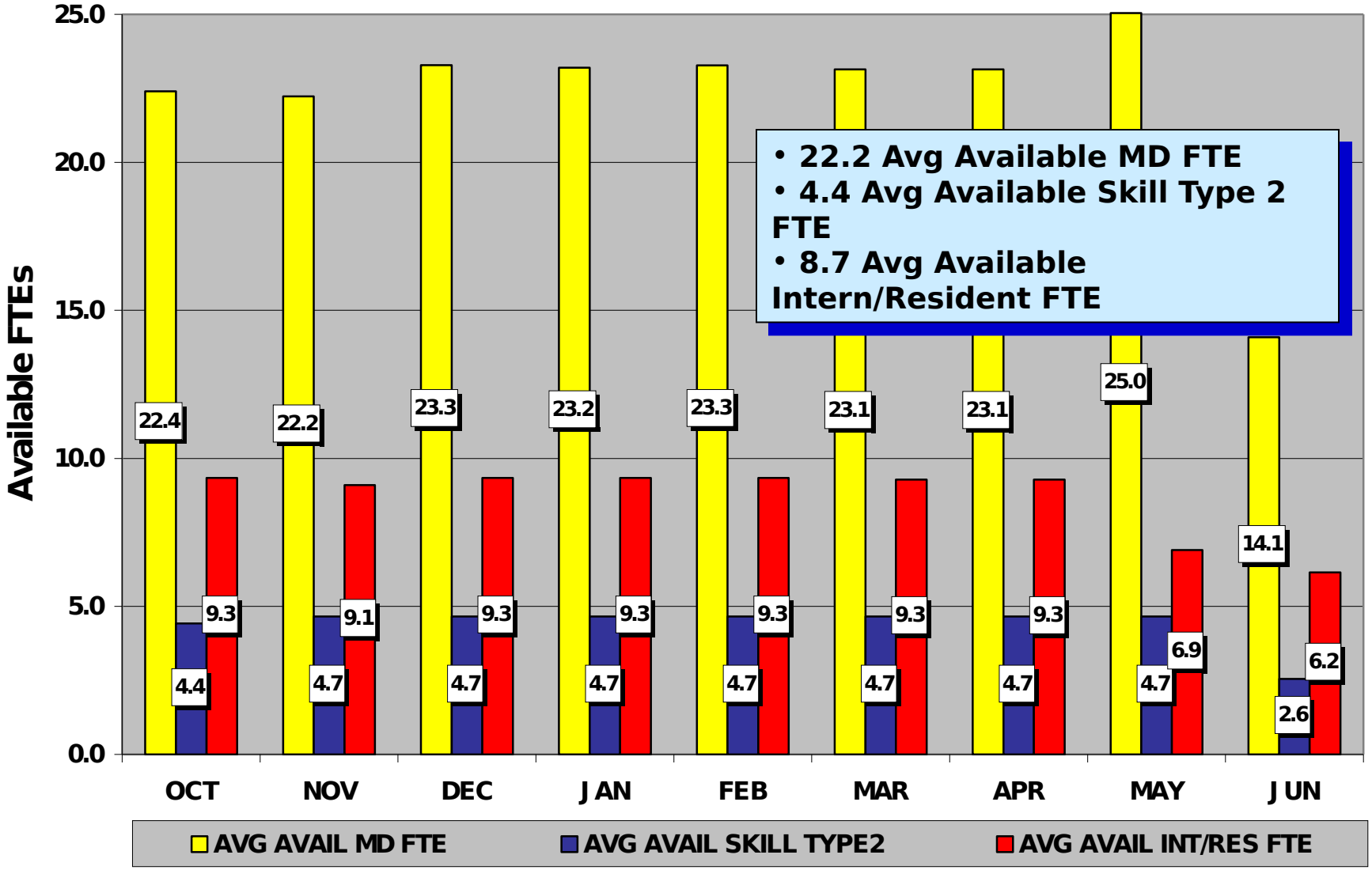
Physician Deployments (SGX Database)

- FY03:
  - 0 deployments
- FY04 Taskings in Turtle Model:
  - 1 neonatologist 9/10 = 120 days*
  - Current FY04 Deployed: Four providers currently deployed
    - Genetics, heme/onc, neonatalogy, critical care

- FY03 Humanitarian and Civic Assistance
  - 1 Physician (Pascual) for 5 days

** Not counting transition days*

Pediatrics Monthly Reported Available FTEs
Oct 03 – Jun 04

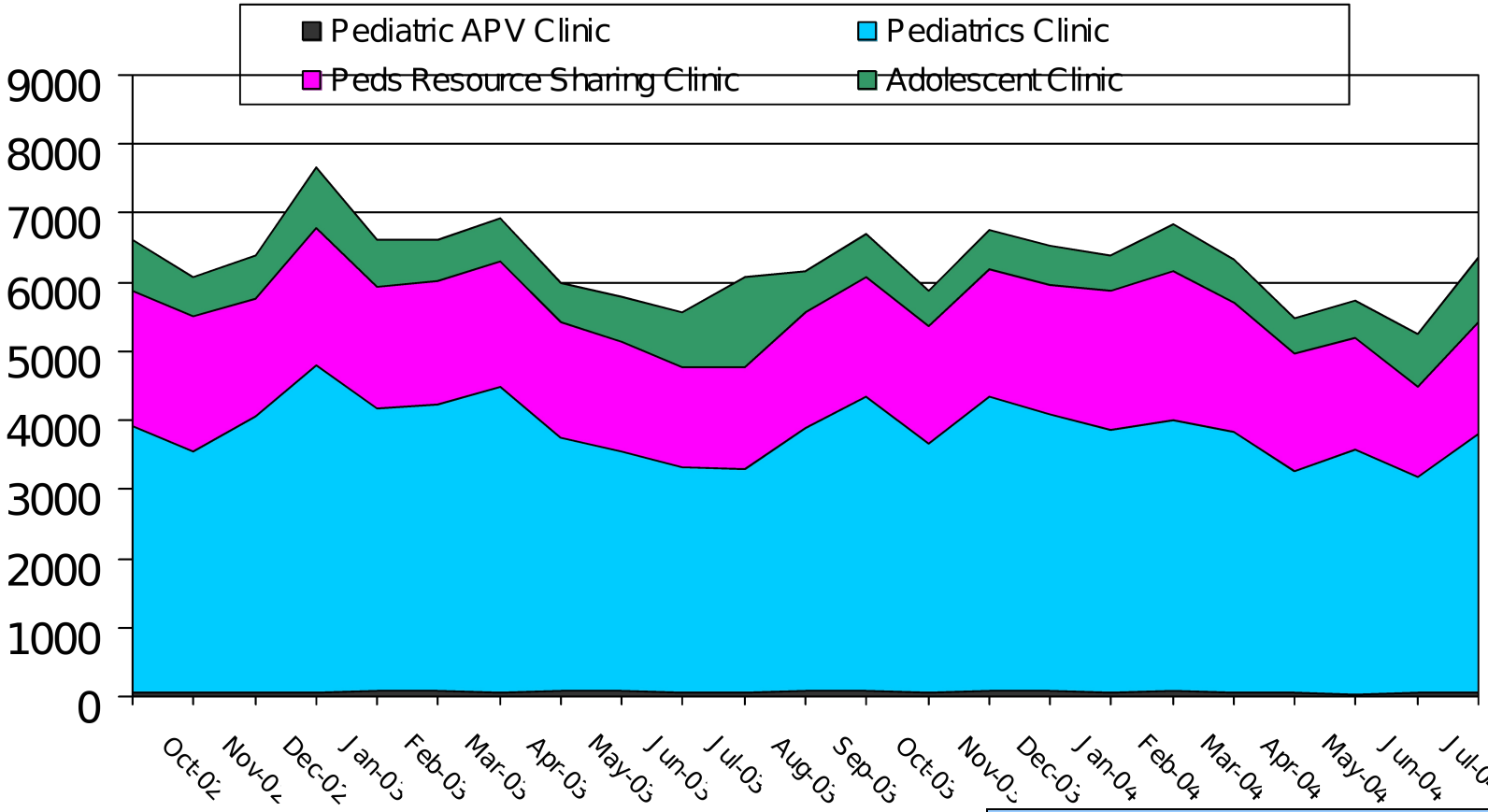


Pediatrics
Access to Care

- Standard for Access to Pediatric Care (Aug 04)
- Acute Demand is 1,631 or 88% vs. routine demand of 213 or 12% of total
  - Acute:
    - Met: 99% overall
    - # Appts Met/Total: 1,616/1,631
    - Avg Wait Time: 0.22 days vs. 24 hour standard
  - Routine
    - Met: 96%
    - # Appts Met/Total: 205/213
    - Avg Wait Time: 5.1 days vs. 7 day standard

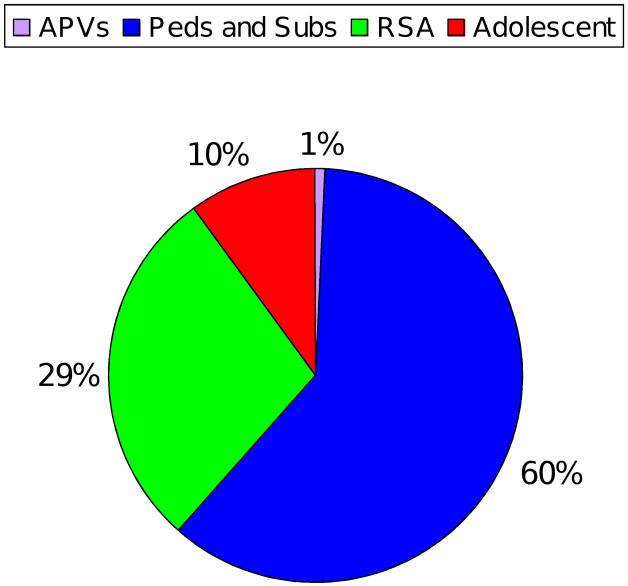
- Peds is **meeting standard** for acute and routine access to care

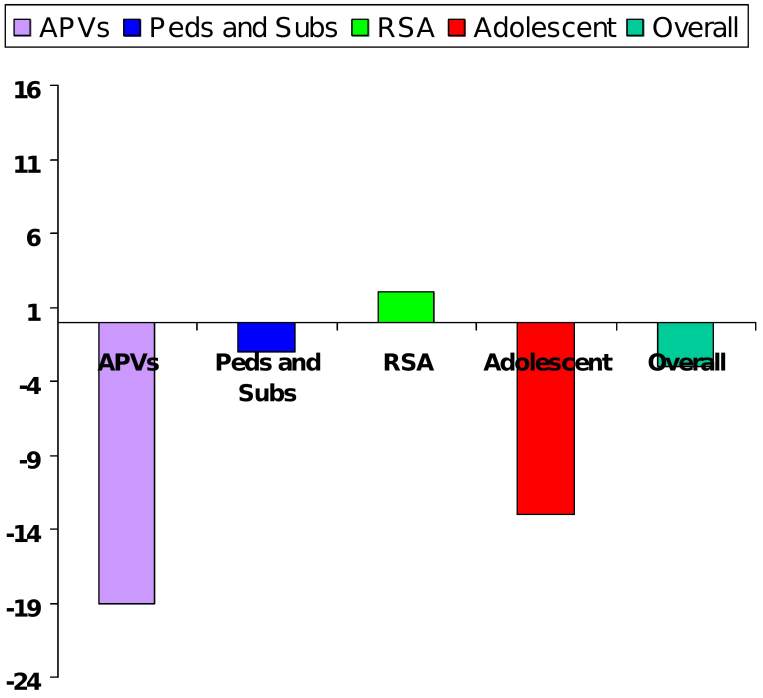
Pediatrics
Total Visits Oct 02-Jun 04



- FY04 Avg (to date): 6,211/mo
- FY03 Avg: 6,369/mo
  - Change: -3%
- 14% lower # visits than FY02

Pediatrics
Appointment Type & Change (03 vs. 04)



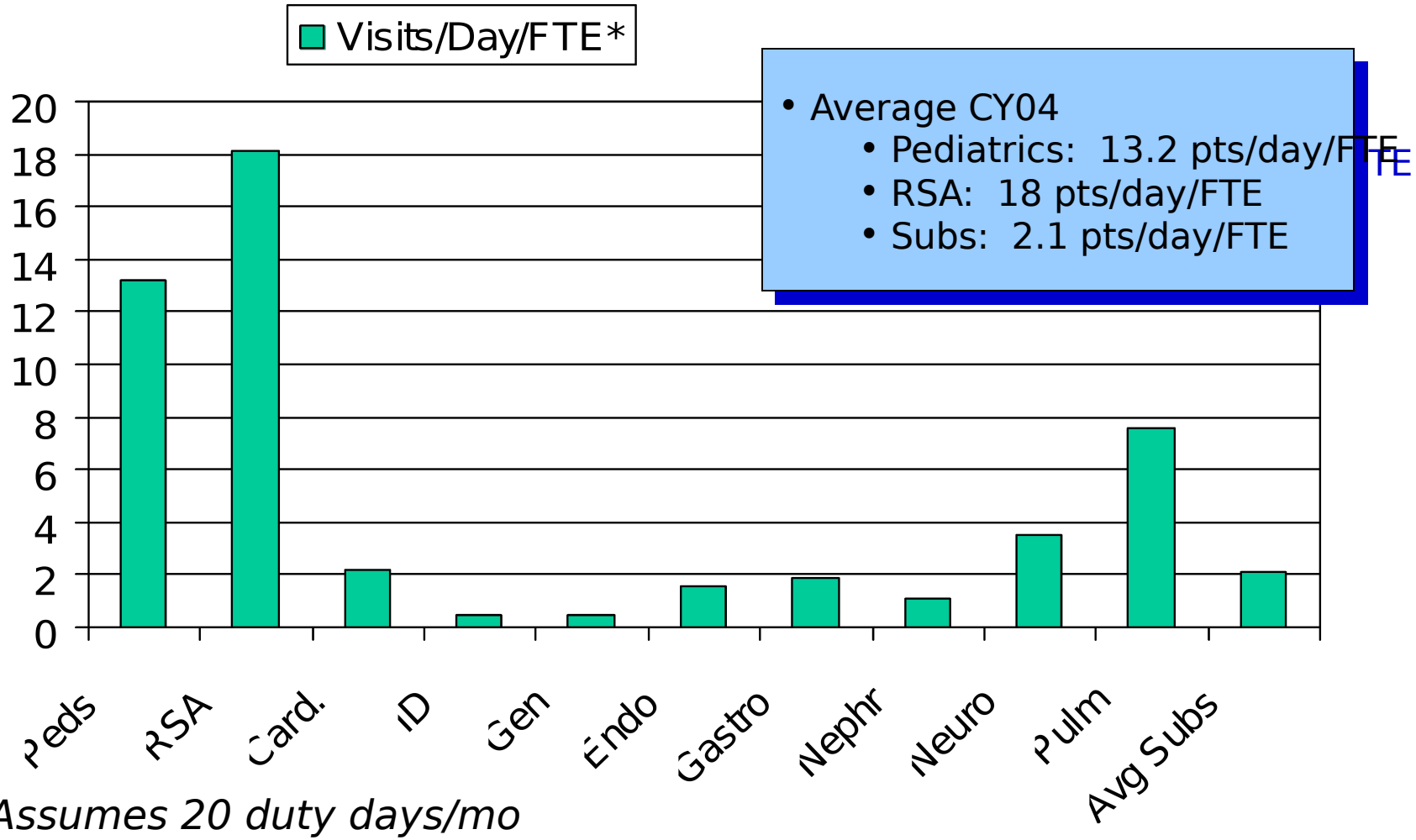


- Overall 3% lower than FY03
- All types of visits decreased except for RSA visits (up 2%)

Pediatrics and Subs
Template Summary

	Peds	RSA Peds	Total Gen Peds		Card.	ID	Genetics	Endo	Gastro	Nephr	Neuro	Pulm	Total Peds Subs
Templated	2,429	1,782	4,211		69	26	9	54	70	47	43	157	475
Booked	2,192	1,581	3,773		62	4	8	51	58	30	49	96	358
% Booked	**90%**	**89%**	**90%**		**90%**	**15%**	**89%**	**94%**	**83%**	**64%**	**114%**	**61%**	**75%**
Walk-Ins	440	226	666		71	16	2	12	17	12	57	56	243
% Walk-Ins	**17%**	**13%**	**15%**		**53%**	**80%**	**20%**	**19%**	**23%**	**29%**	**54%**	**37%**	**40%**
Total Seen	2,632	1,807	4,439		133	20	10	63	75	42	106	152	601
% Templated	**108%**	**101%**	**105%**		**193%**	**77%**	**111%**	**117%**	**107%**	**89%**	**247%**	**97%**	**127%**

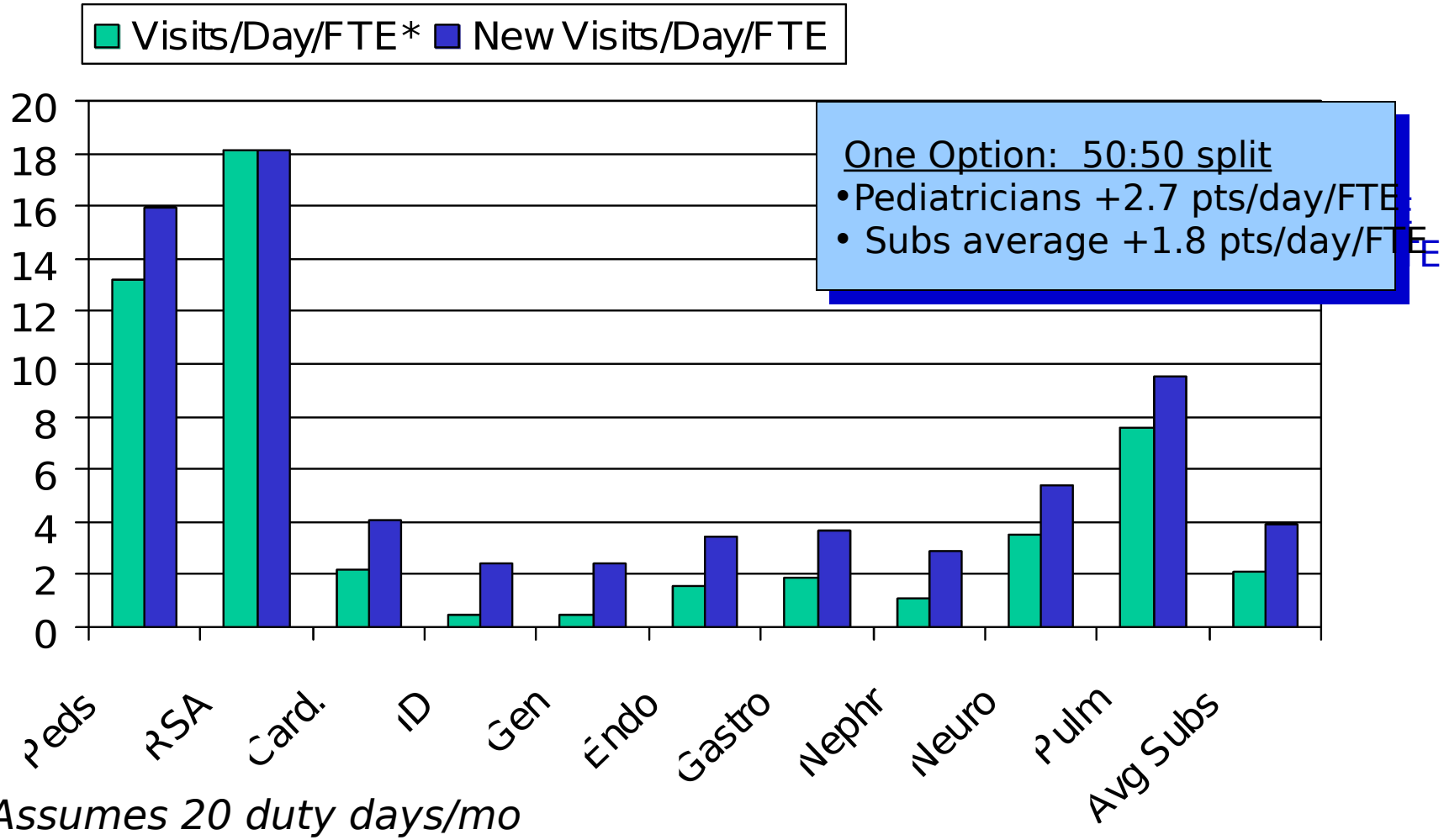
Pediatrics
Current Visits/Provider/FTE



** Assumes 20 duty days/mo*

- **Assumption**:
- Cancel 3 RSA providers (@ 361.4 pts/mo = 1,084 pts redistributed
  - 542 to Peds
  - 542 to Subs

Pediatrics
New Visits/Provider/FTE

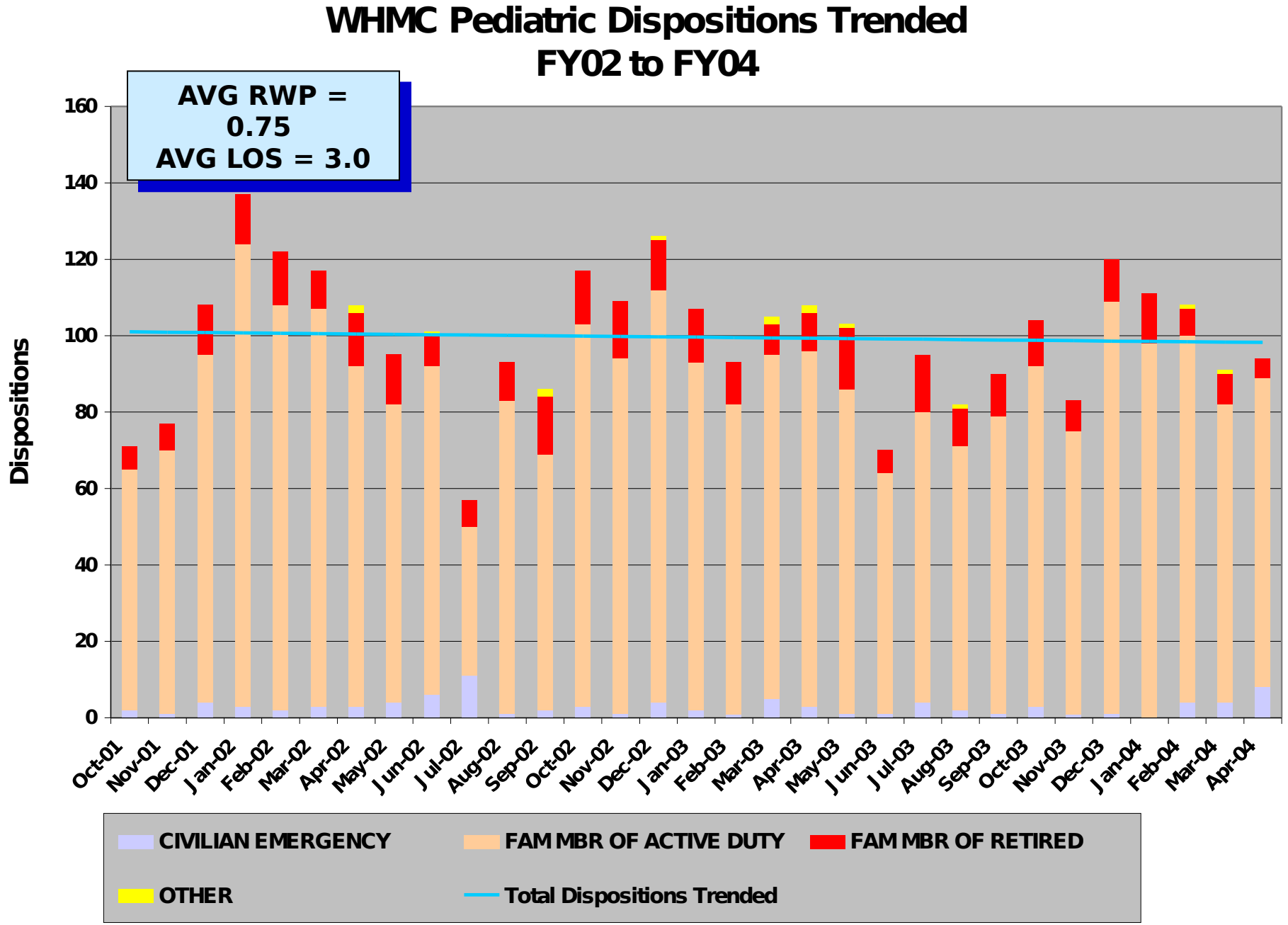


** Assumes 20 duty days/mo*

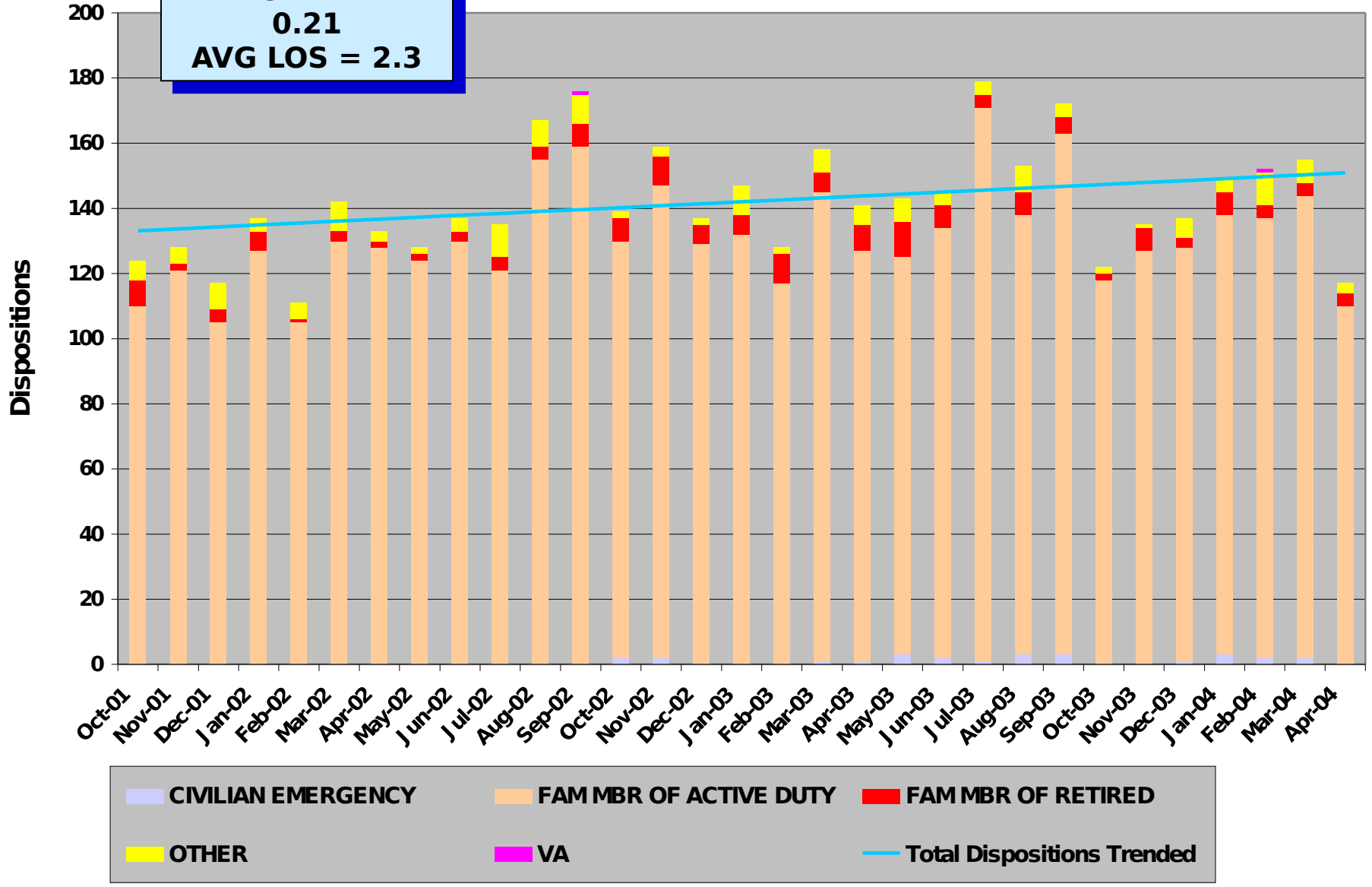
Pediatrics
Enrollment per PCM

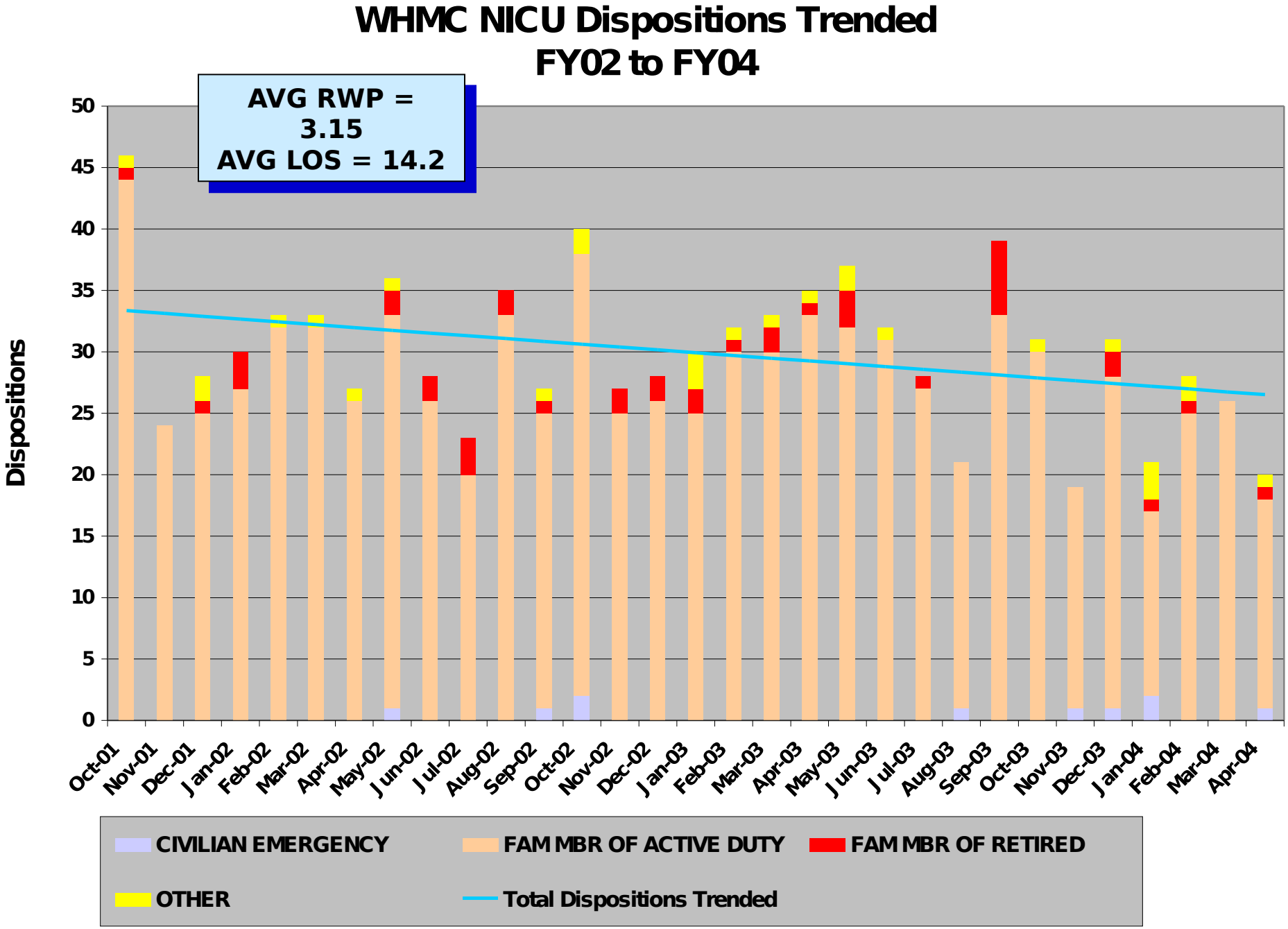
Team	Total Enrollment	# PCMs	Ratio (Staff to Enrollment)
Gold	3,729	2 staff	1 to 1,865
Green	3,716	5 staff + 10 Residents (PG1=4; PG2=3; PG3=3)	1 to 1,865
Red	3,075	2 staff + Residents (PG1=7; PG2=3; PG3=3)	1 to 1,537
RSA	5,338	5 staff	1 to 1,068
Total	15,858	14 staff + 23 residents	1 to 1,133

- Loss of RSA providers will shift enrollment from RSA team to Red and Green (increasing use of residents as a team) and Gold

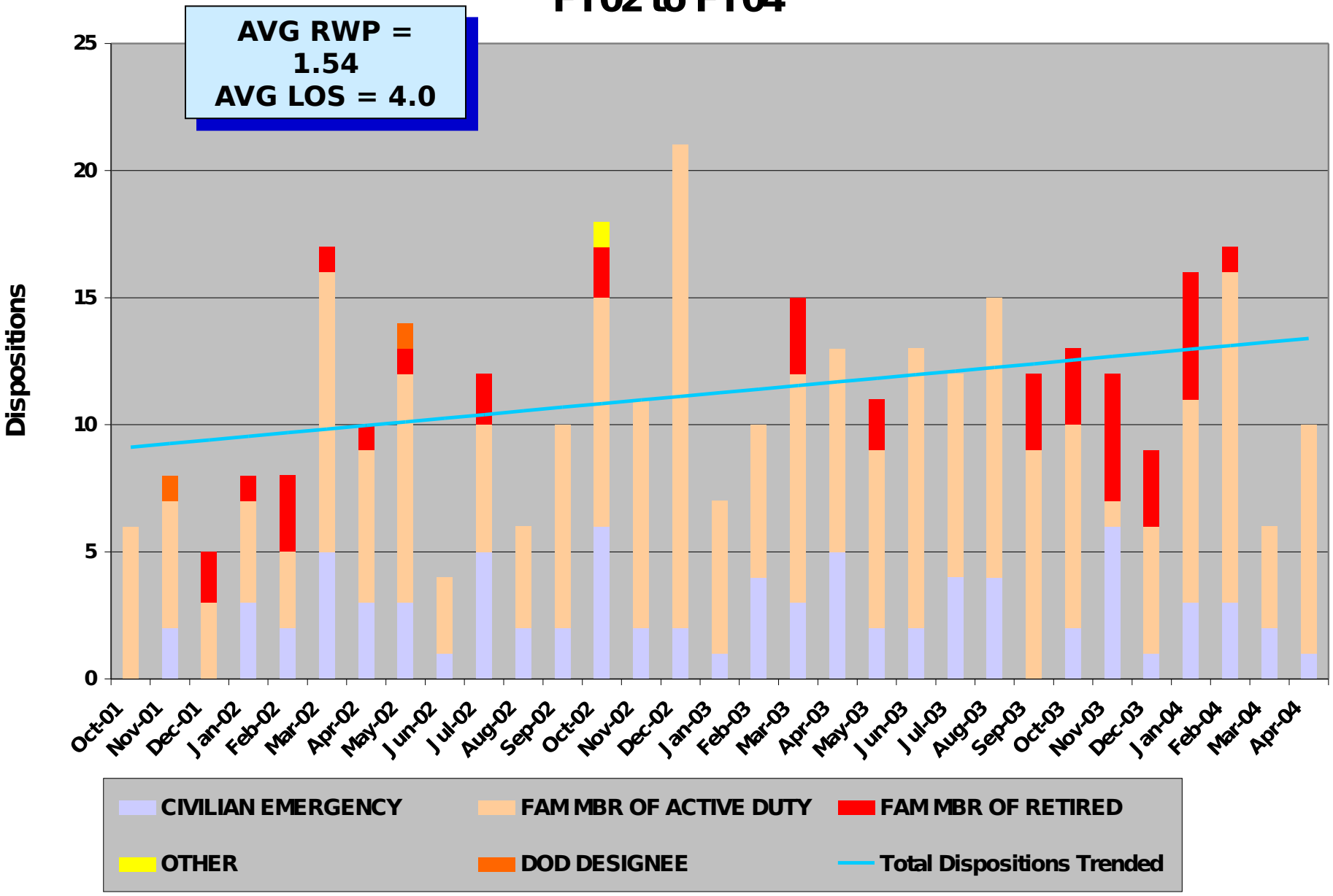

WHMC Pediatric Dispositions Trended
FY02 to FY04
AVG RWP = 0.75
AVG LOS = 3.0
Dispositions
160
140
120
100
80
60
40
20
0
Oct-01
Nov-01
Dec-01
Jan-02
Feb-02
Mar-02
Apr-02
May-02
Jun-02
Jul-02
Aug-02
Sep-02
Oct-02
Nov-02
Dec-02
Jan-03
Feb-03
Mar-03
Apr-03
May-03
Jun-03
Jul-03
Aug-03
Sep-03
Oct-03
Nov-03
Dec-03
Jan-04
Feb-04
Mar-04
Apr-04
CIVILIAN EMERGENCY
FAM MBR OF ACTIVE DUTY
FAM MBR OF RETIRED
OTHER
Total Dispositions Trended

WHMC Nursery Dispositions Trended FY02 to FY04

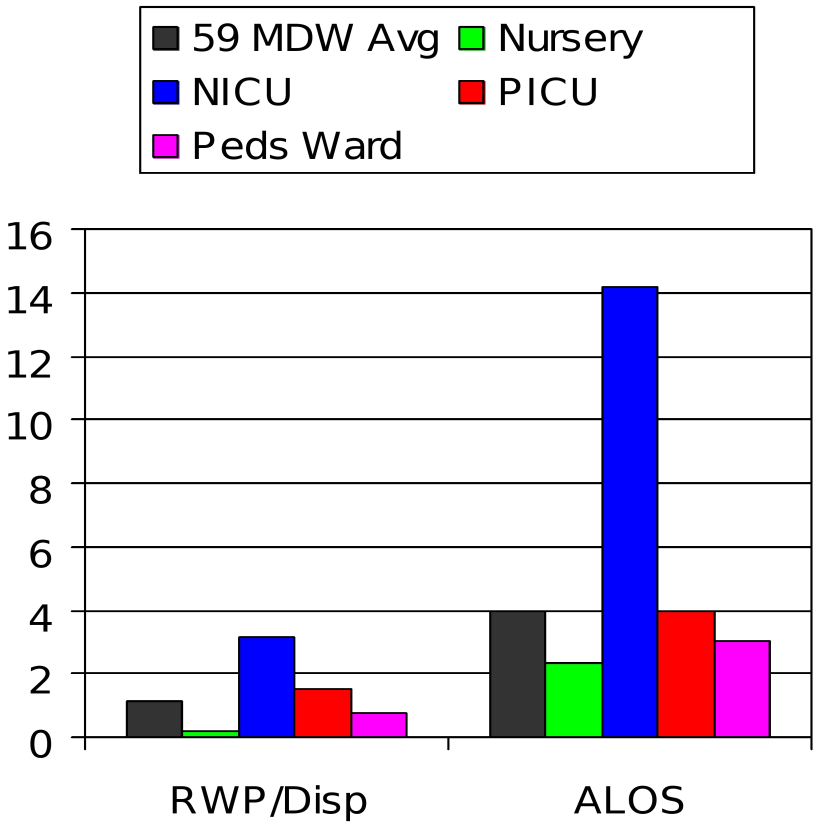


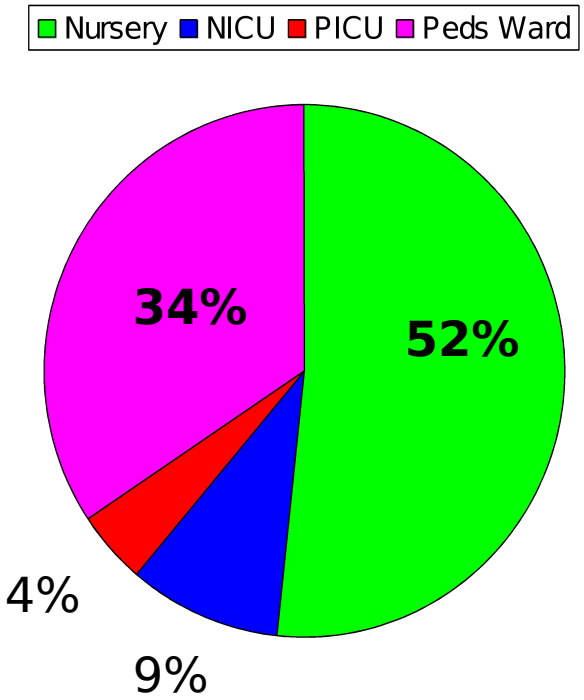

WHMC NICU Dispositions Trended
FY02 to FY04
AVG RWP = 3.15
AVG LOS = 14.2
Dispositions
50
45
40
35
30
25
20
15
10
5
0
Oct-01
Nov-01
Dec-01
Jan-02
Feb-02
Mar-02
Apr-02
May-02
Jun-02
Jul-02
Aug-02
Sep-02
Oct-02
Nov-02
Dec-02
Jan-03
Feb-03
Mar-03
Apr-03
May-03
Jun-03
Jul-03
Aug-03
Sep-03
Oct-03
Nov-03
Dec-03
Jan-04
Feb-04
Mar-04
Apr-04
CIVILIAN EMERGENCY
FAM MBR OF ACTIVE DUTY
FAM MBR OF RETIRED
OTHER
Total Dispositions Trended

WHMC Pediatric ICU Dispositions Trended FY02 to FY04



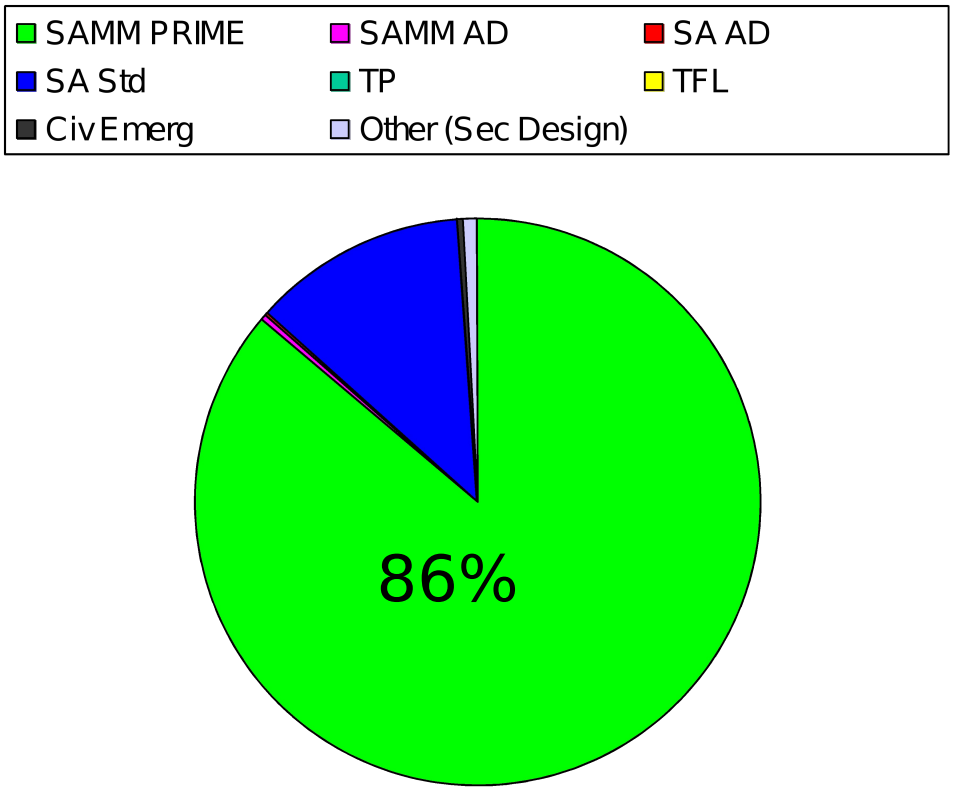
Pediatrics
RWP and ALOS vs. Avg





- NICU has the highest RWP/Disposition and ALOS and represents 9% of Pediatric dispositions
- All other Pediatric inpatient units' averages lower than 59 MDW average

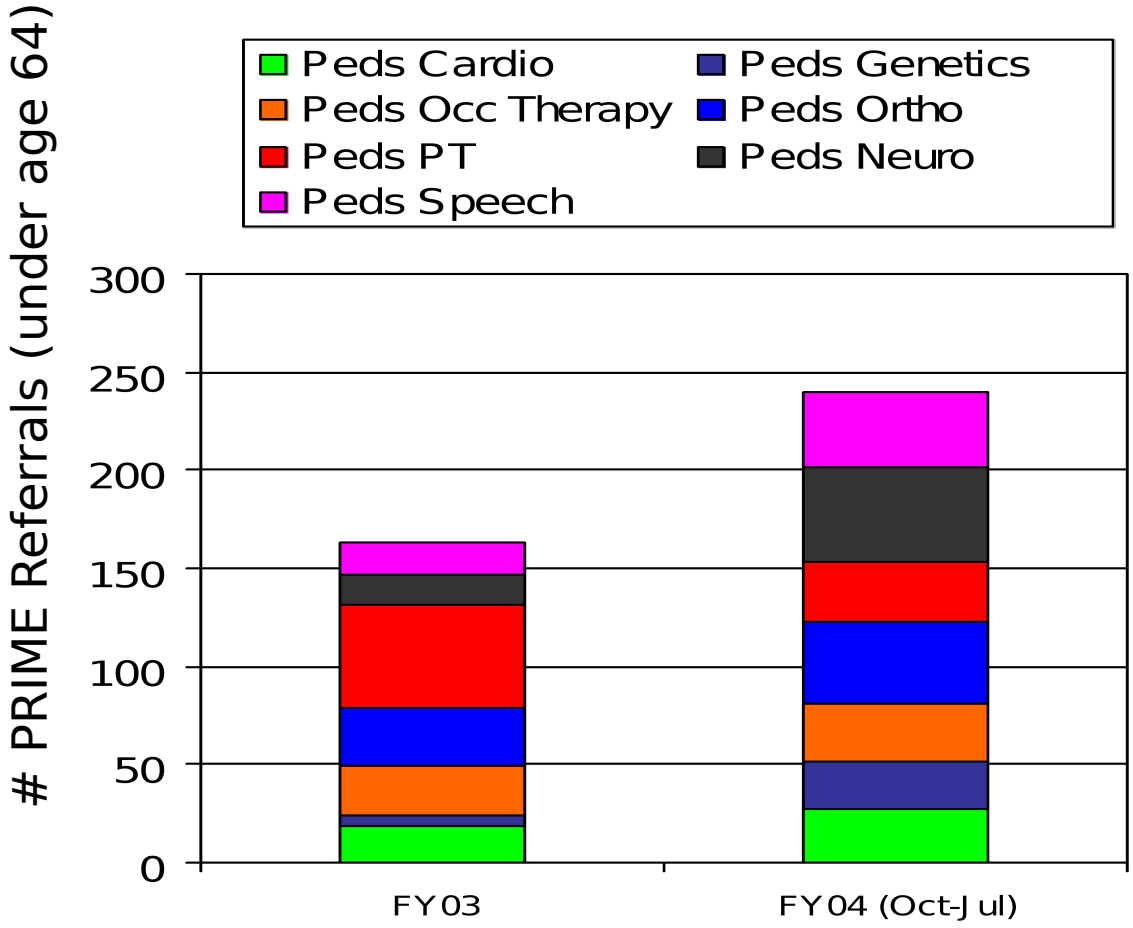
Pediatrics
Visits by Enrollment Category (FY03)



- Avg: 3.5 Visits per User
  - PRIME: 3.7
  - AD: 1.4
  - Standard: 2.5
- Total FY03 CMAC: $2.76M
  - Avg CMAC/Visit: $47/visit
  - PRIME: $47/visit
  - Active Duty: $70/visit
  - Civ Emergency: $77/visit

- Visits for SAMM PRIME and SA AD patients make up 86% of all visits
- Cost/Visit highest for both active duty and civilian emergencies

Pediatrics
PRIME Containment & Referrals (OP)



- FY03: 13.6/mo
- FY04: 24/mo
  - Up 77%

Pediatrics
Market Share

- WHMC and BAMC have approximately **92%** of the market share (FY03 Data)
  - WHMC CMAC: $2.8M
  - BAMC CMAC: $2.3M
  - Purchased Care CMAC (< 65 yrs): $460K (8%)

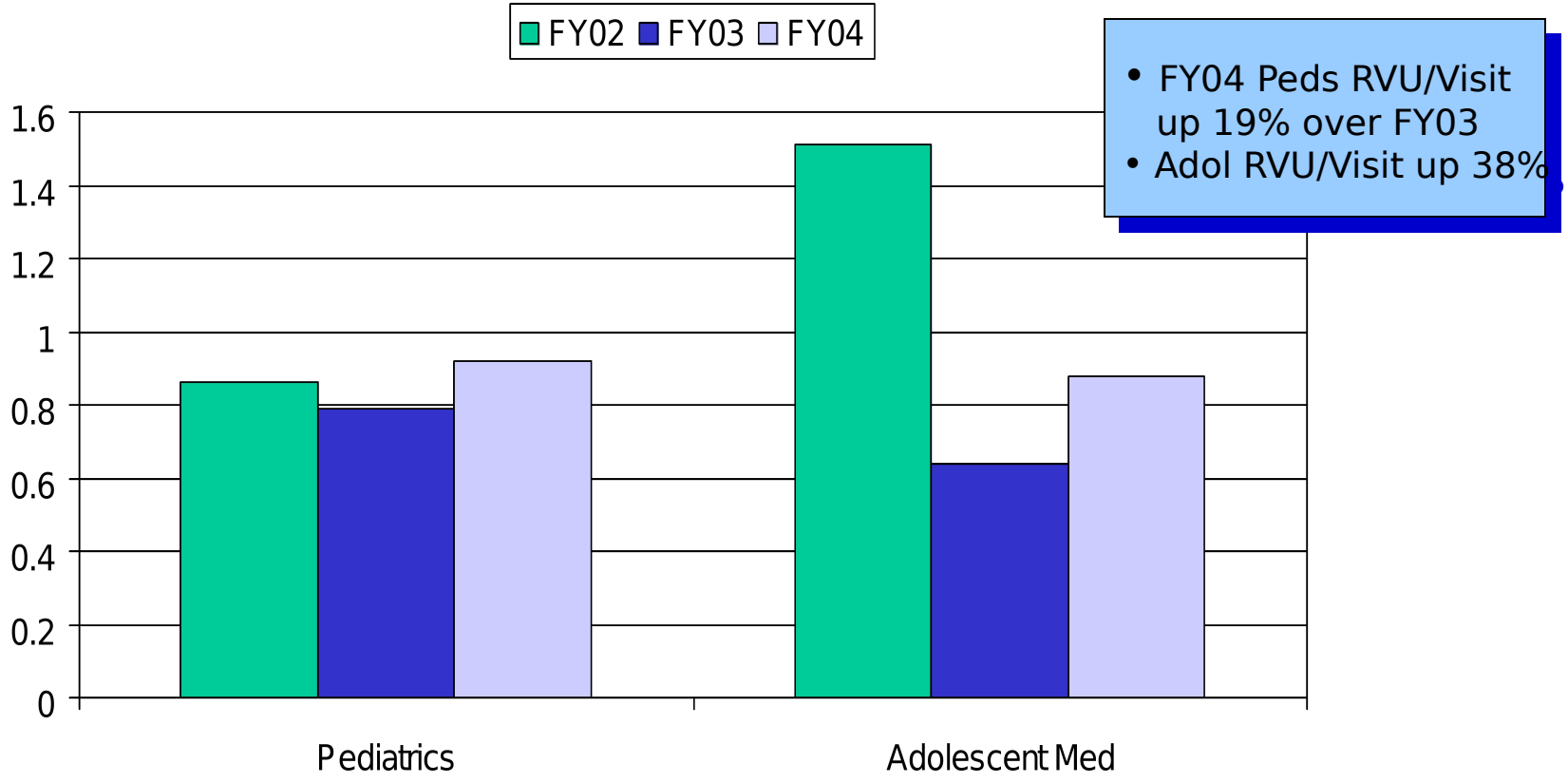
Category	FY03	FY04 To Date
AD	$ 543	$ 1,074
BAMC Prime	$ 28,296	$ 26,372
WHMC Prime	$ 31,946	$ 41,628
Other MTFs	$ 14,193	$ 12,917
Network PRIME	$ 298,386	$ 253,133
Standard <65	$ 86,948	$ 63,513
Total <65	$ 460,312	$ 398,637

Pediatrics
Coding Analysis

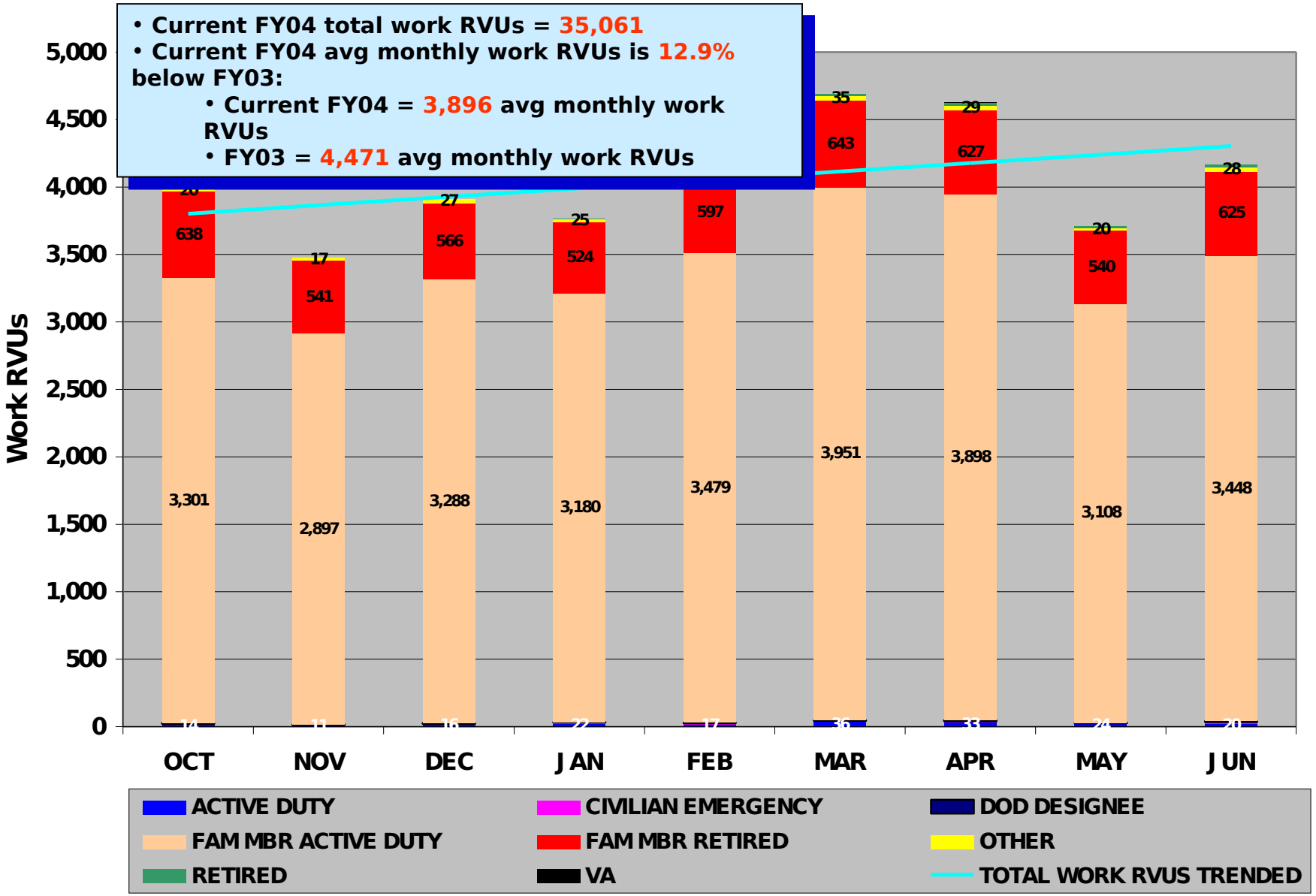
- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
  - ICD9: 87.9% (WHMC Avg: 80.7%)
  - CPT: 92.3% (WHMC Avg: 76.8%)
  - E&M: 86.4% (WHMC Avg: 81.3%)

- May 04 Audit
- Meeting AFMSA Standard in all areas

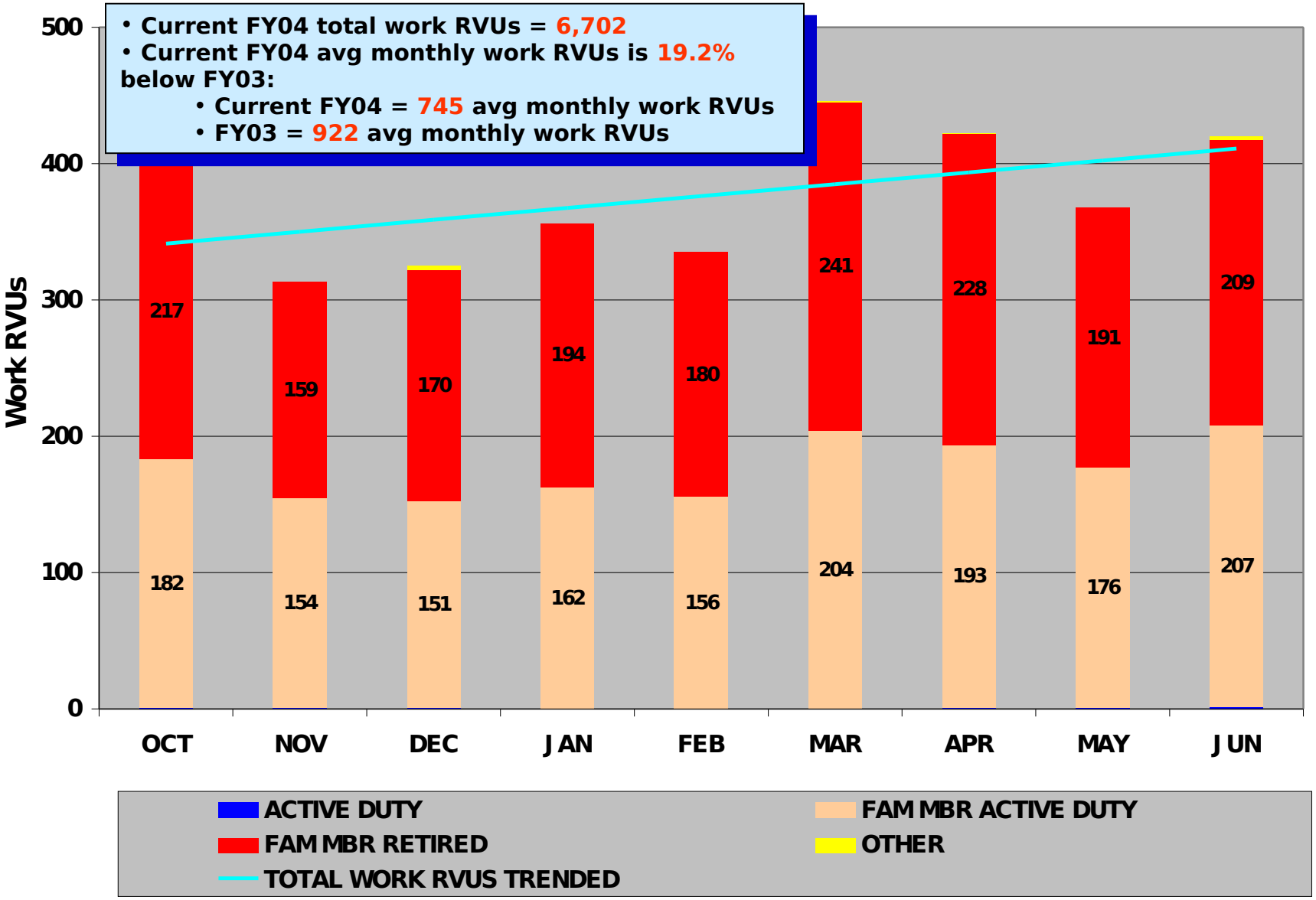
Pediatrics
RVU/Visit (FY02 to FY04)



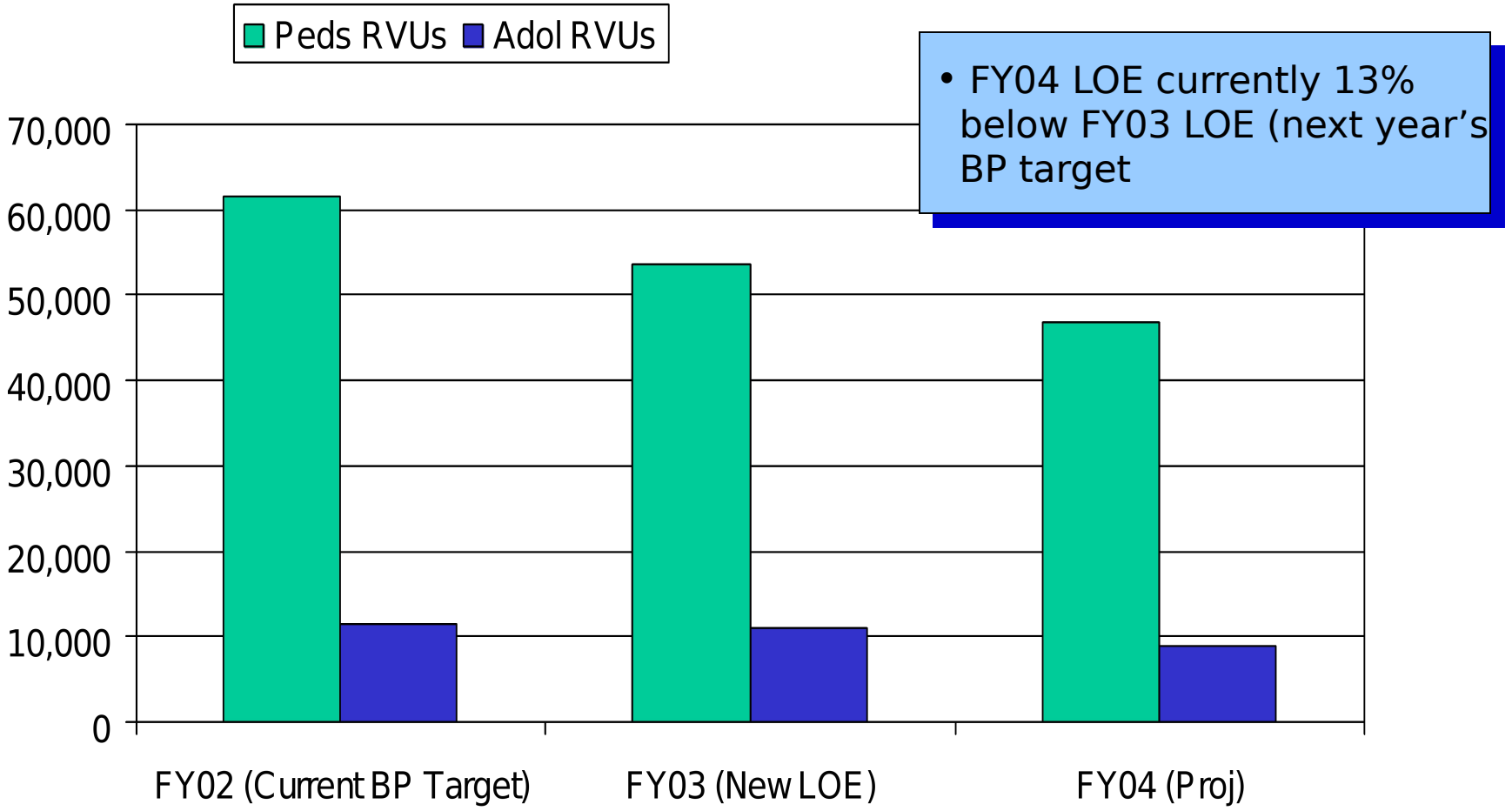
Pediatrics Direct Outpatient Care Work RVUs Oct 04 - Jun 04



Adolescent Direct Outpatient Care Work RVUs Oct 04 - Jun 04



Pediatrics
Direct Care RVUs (FY02-04)



- FY04 LOE currently 13% below FY03 LOE (next year's BP target

Pediatrics
Business Plan Performance Oct-Jun 04

Peds, Adol, & Subs	BP Target (02)	Actual Oct-Jun	Difference	$ Implications
IHC	36,064	31,015	(5,049)	$ 373,626
Other DC	2,238	675	(1,563)	$ 115,662
PSC*	323	563	240	$ (17,760)
Total PRIME	**38,625**	**32,253**	**(6,372)**	**$ 471,528**
FFS (Total)	18,498	7,396	(11,102)	$ (821,548)
All Inpatient Units	**BP Target (02)**	**Actual Oct-Jun**	**Difference**	**$ Implications**
IHC	375	538	163	$ (976,680)
Other DC	3	1	(2)	$ 12,960
Total PRIME	378	539	161	$ (963,720)
FFS (Total)	1,697	1,269	(428)	$(2,568,000)

Outpatient
Prime: +$472K
FFS: -$822K
Total: -$350K

Inpatient
Prime: -$-964K
FFS: -$2.6M
Total: -$3.5M

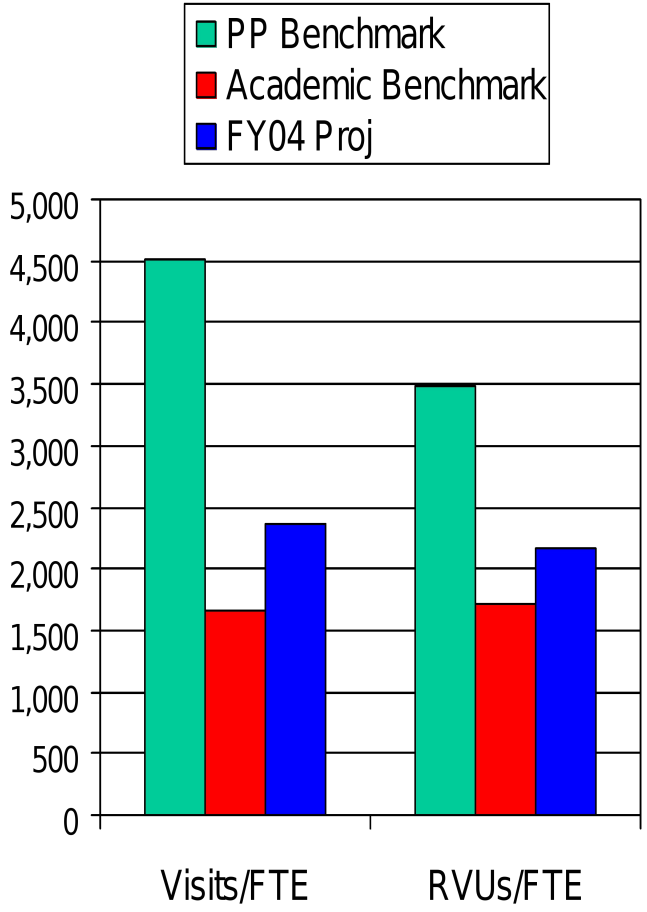
Pediatrics
New FY05 BP Targets vs. Current

- Pediatrics targets will be calculated based on:
  - FY03 LOE as starting point
  - Less/Plus Increased Enrollment/Mobility Taskings/Renovations

RVUs	% Change (Avg)	BP Target (02)	BP Target (03)	Actual Oct-Jun	Difference	$ Implications
IHC	-11%	36,064	32,097	31,015	(1,082)	$ 80,065
Other DC	-19%	2,238	1,813	675	(1,138)	$ 84,196
PSC*	80%	323	581	563	(18)	$ 1,362
Total PRIME	**-1%**	**38,625**	**34,491**	**32,253**	**(2,238)**	**$ 165,622**
FFS (Total)	-25%	18,498	13,874	7,396	(6,478)	$ (479,335)
RWPs		**BP Target (02)**	**BP Target (03)**	**Actual Oct-Jun**	**Difference**	**$ Implications**
IHC	11%	375	416	538	122	$ (729,173)
Other DC	3%	3	3	1	(2)	$ 13,493

Estimate Only:
-$2.78M or +36% over FY04
- PSC RWPs not available at this time

Pediatrics
Benchmark Comparison per FTE

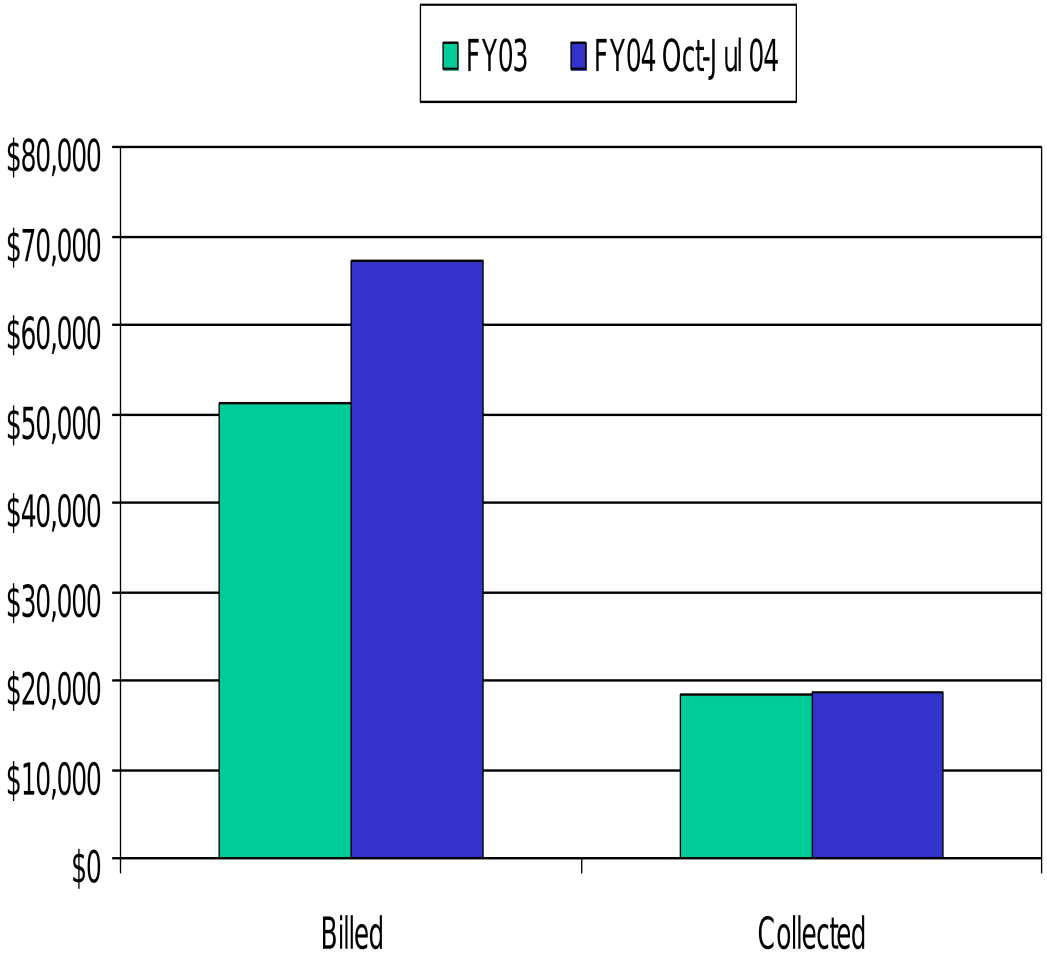


	1 Staff = .7 FTE *
#FTEs	25.65
Proj FY04 Visits*	60,444
Proj FY04 Visits/FTE	2,356
Private Practice Benchment (V/FTE)	4,510
Academic Benchmark (visits/FTE)	1,656
% Compared to Acad. Benchmark	142%
FY04 RVUs (Proj)	55,684
RVU/Visit	0.92
RVU/FTE	2,171
Private Practice Benchmark (RVU/FTE)	3,487
Academic Benchmark (RVI/FTE)	1,717
% Compared to Acad. Benchmark	126%

- * AD counted as .7 FTE; RSA providers as 1
- 1 FTE: (10 x .7) + (19.5 x .7) + (5 x 1.0) = 25.65
- Exceeding Academic and PP benchmarks

25.65

Pediatrics
Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
  - FY03: 0.36
  - FY04: 0.28
    - .90 for APVs (up 150%)
    - .26 for visits (down 28%)
- Billing Rate
  - FY03: $4.3K/mo
  - FY04: $6.7K/mo (up 57%)

$18.5K collected
As of 31 Jul 04

Pediatric Department
Current Initiatives

- Personnel
  - Obtain sufficient support staff
    - Gap analysis of needed vs available staff
  - Ensure PICU staff retained despite MAPPG 06
  - Close weekend / evening clinic
  - Address morale issues
- Enrollment
  - Transfer excess patients to family practice
- Space
  - Expand primary care clinic hours to more efficiently use clinic space
  - Relocate Adolescent Medicine clinic
- Medical records
  - Improve availability of records during visits
  - Improve coding accuracy / completion rate

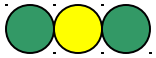
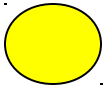
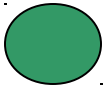
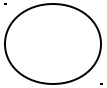
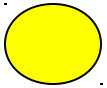
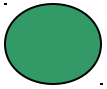
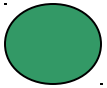
Pediatric Department
Issues/Requirements

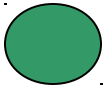
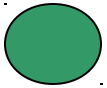
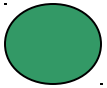
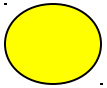
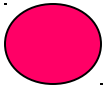
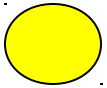
- Insufficient Personnel, Space, Morale, and Equipment
  - Discuss in Step 2 with needs assessment ($)
- Lack of Record Availability
- Coding
  - Majority of subspecialty visits not accounted for in CHCS / M2
    - Primary care visits have more accurate numbers
      - Some providers still grossly undercounted
    - Inaccurate coding for visits that are in system
      - Low average RVUs / encounter confirms inaccurate coding
      - Procedures without visit not coded until recently
        - » Examples are EEG and EKG interpretation
      - Subspecialty consults routinely coded as established pt visits
      - Detailed coding audit needed / planned

Pediatrics
Customer Satisfaction

- DoD Customer Satisfaction Survey
  - Overall Experience: 58.82% satisfied (vs. 83% WHMC average)
    - FY02: 72.9%; FY03: 71.43%
- Patient Satisfaction will be key indicator in FY05 and beyond
  - AFMS contracted for new, real-time customer satisfaction process (pending)

Pediatrics
Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
PRIME Containment	
Market Share	

Area Reviewed	
RVU/Visit over time	
Data Quality	
Productivity vs. Civilian Benchmarks	
Direct Care RVUs vs. BP Target (02)	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

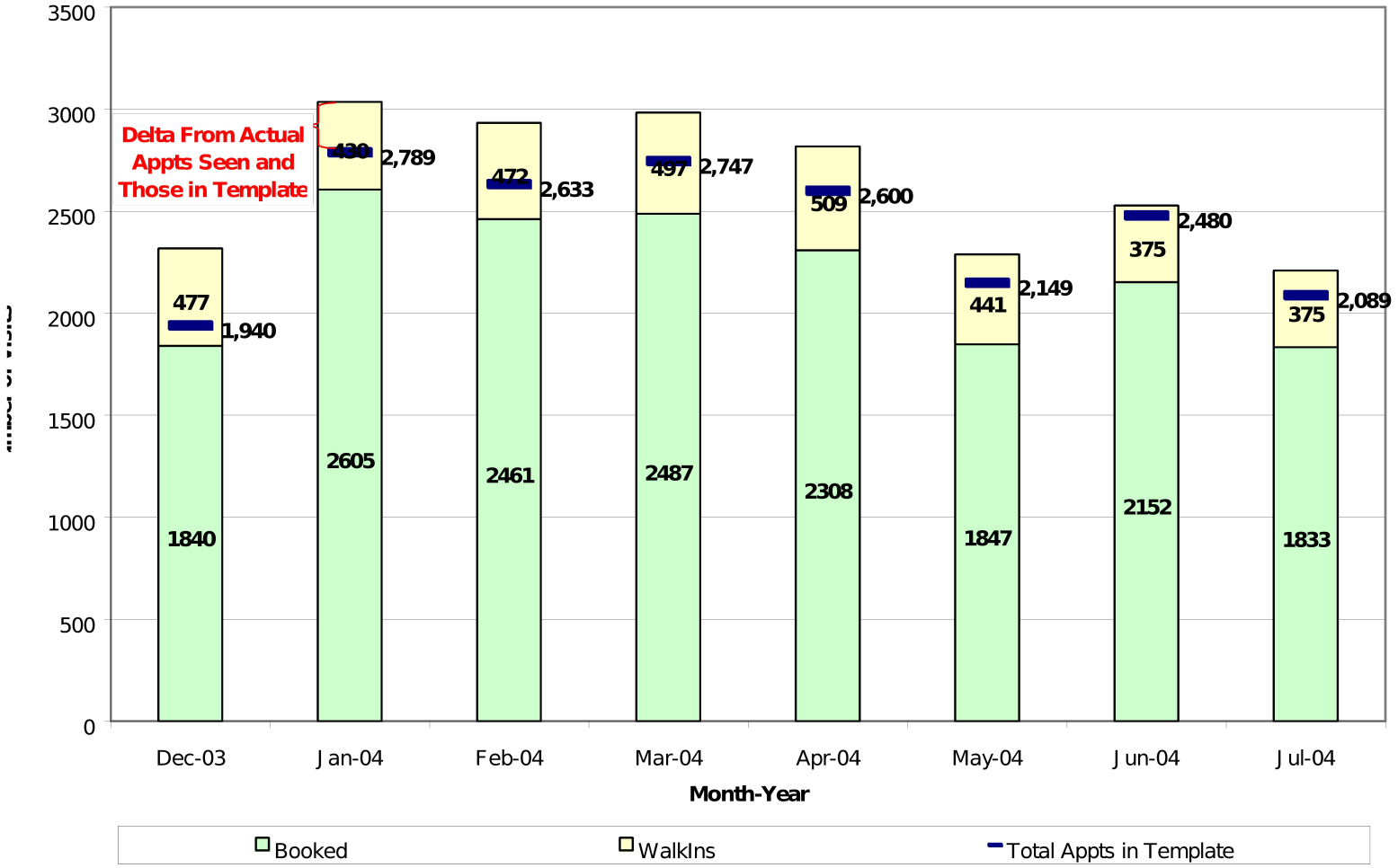
Pediatrics
Next Steps

- Step 2
  - Follow-up: 14 Oct 04 at 1400
- Step 3
  - Projected WHMC/BAMC Brief: late Nov 04

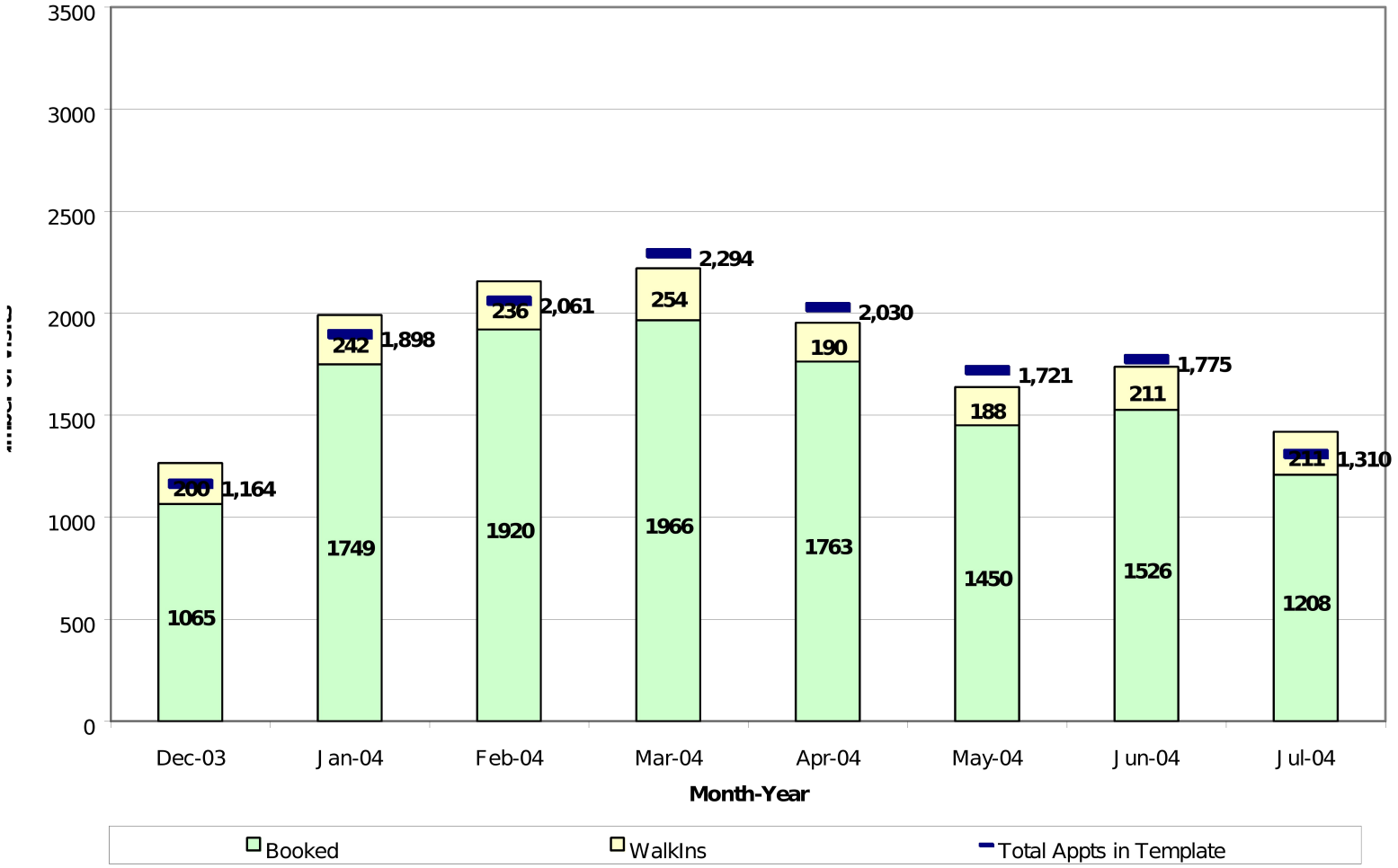
Integrity - Service - Excellence

Back-Up Slides

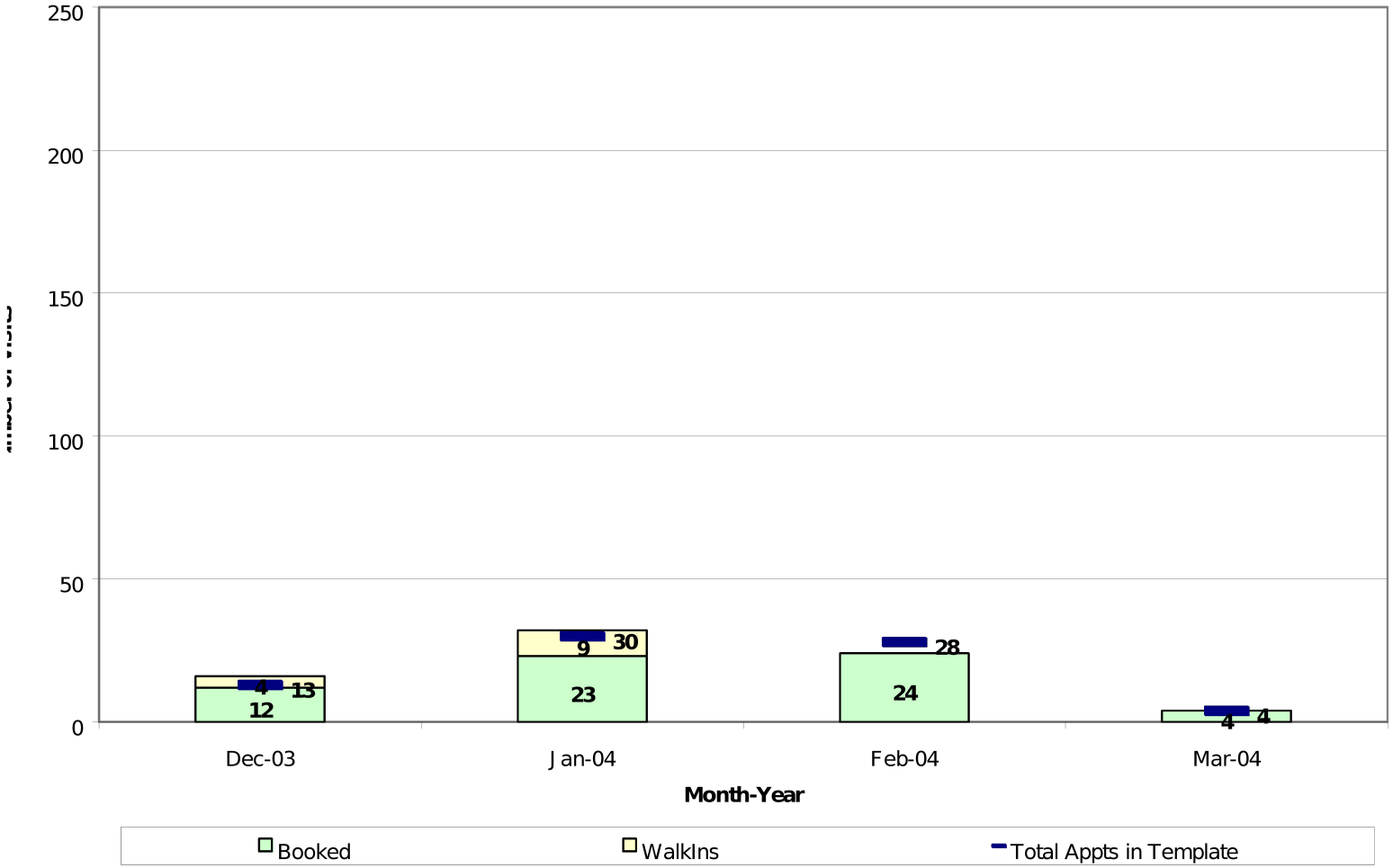
Template Review
Pediatrics



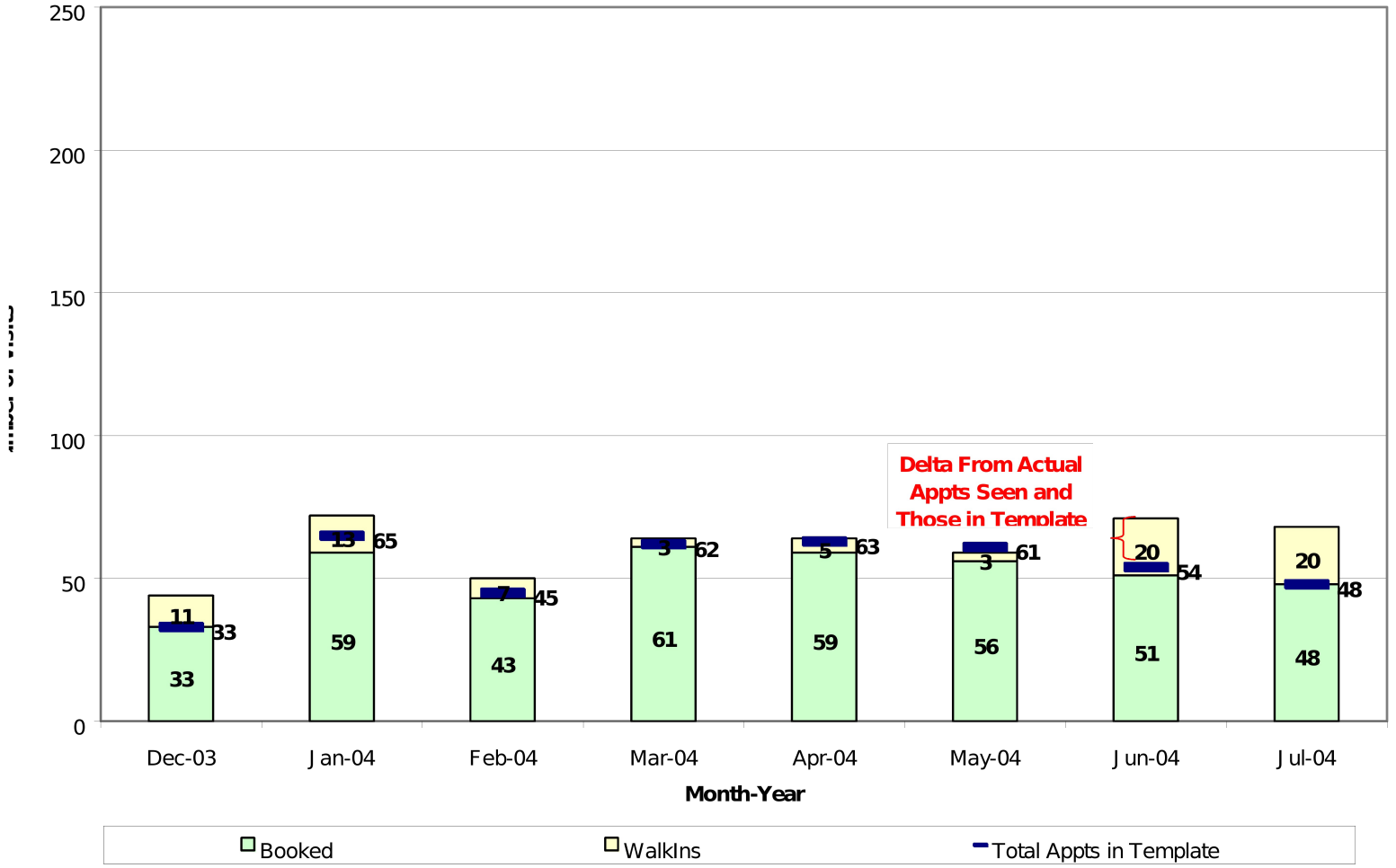
Template Review
Pediatrics – Resource Sharing



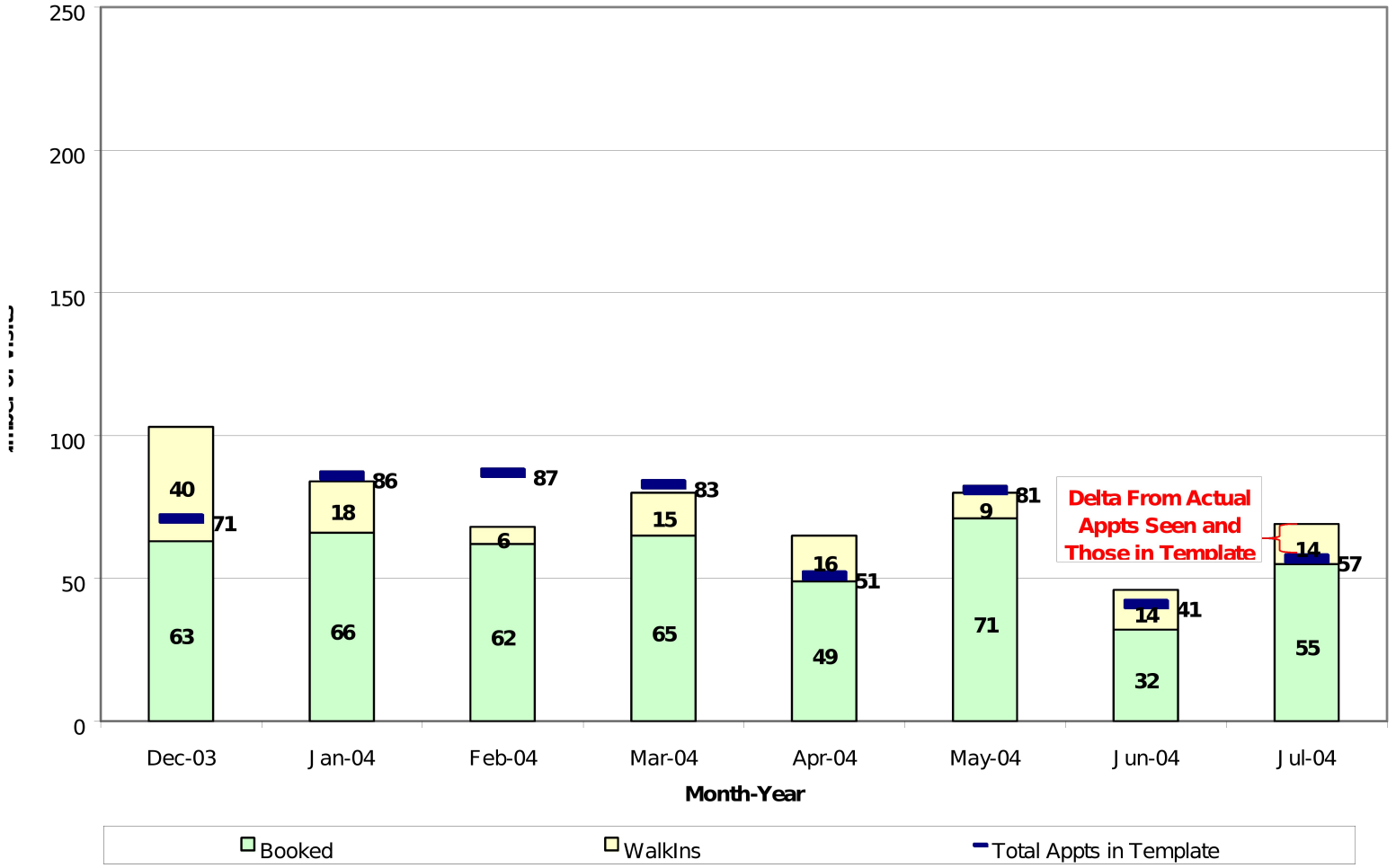
Template Review
Genetics Clinic



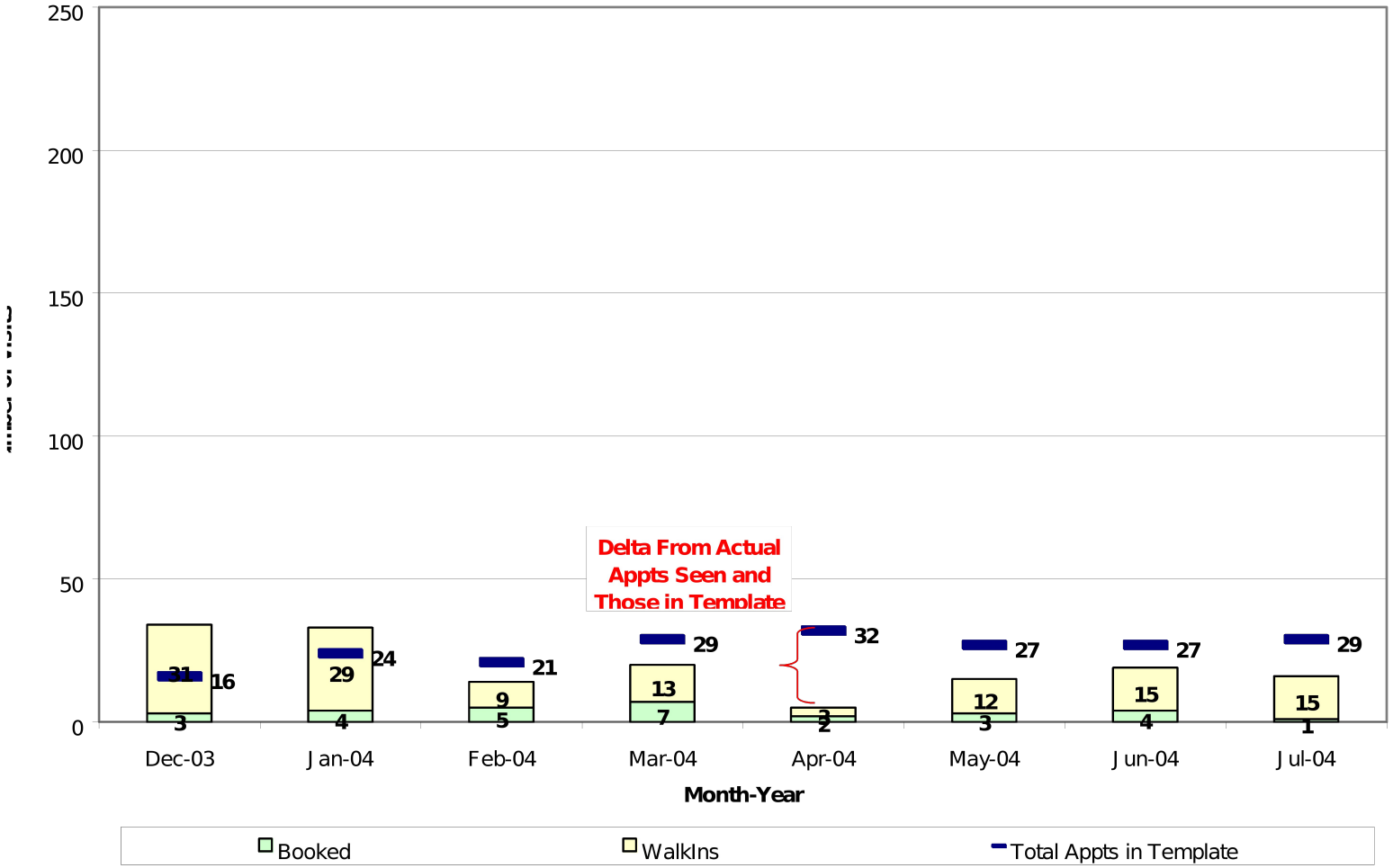
Template Review
Pediatric Endocrinology



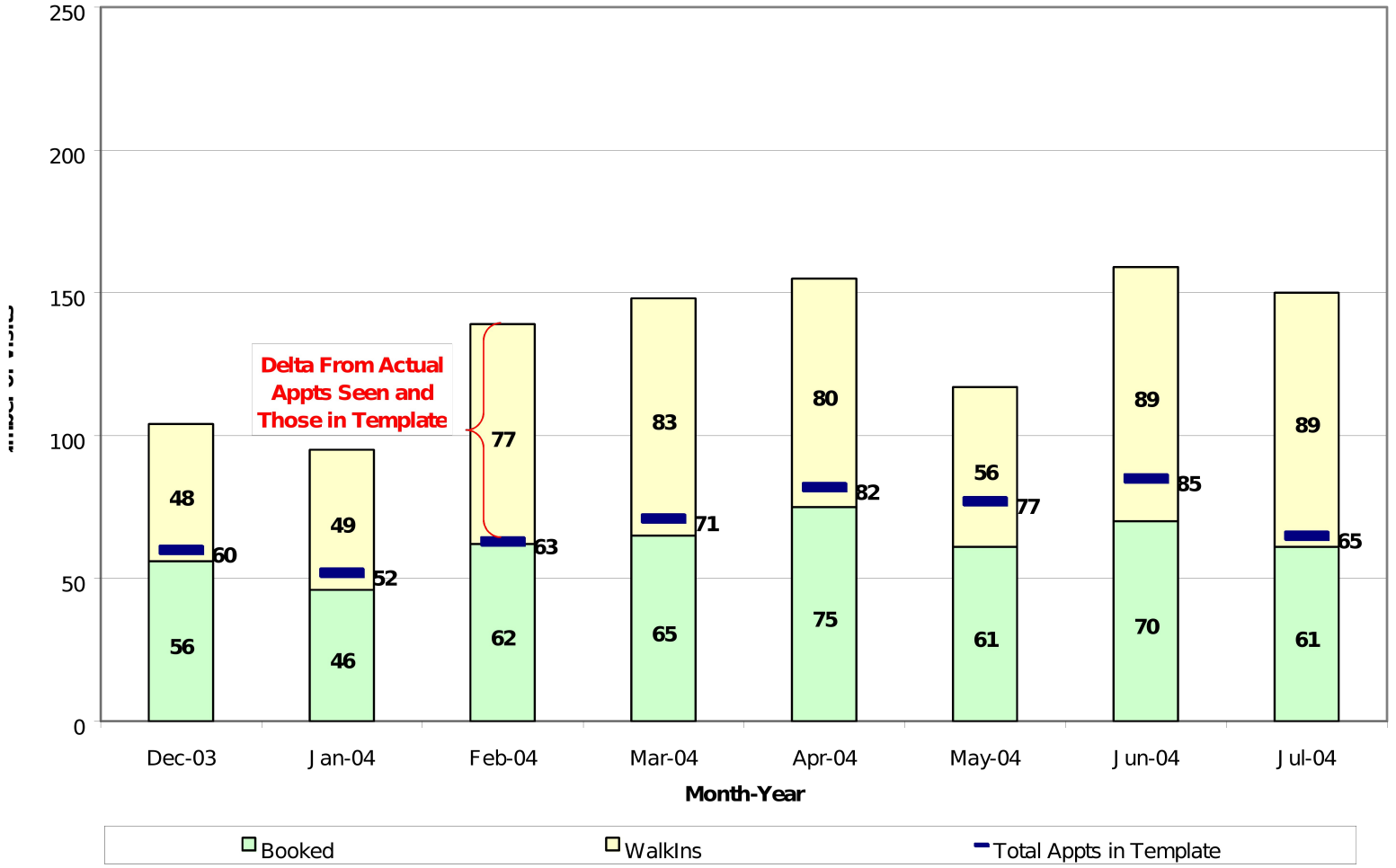
Template Review
Pediatric Gastroenterology



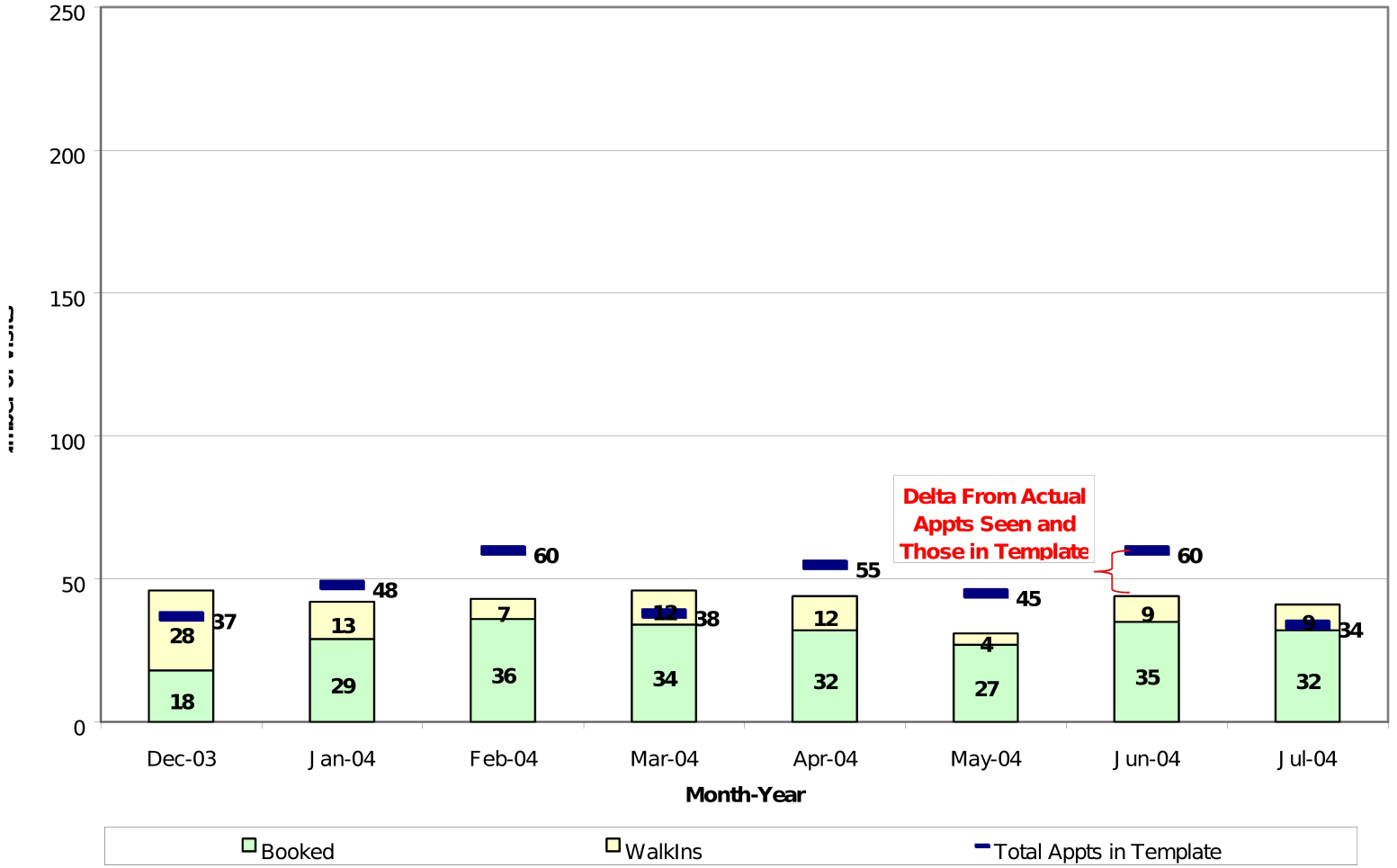
Template Review
Pediatric Infectious Disease



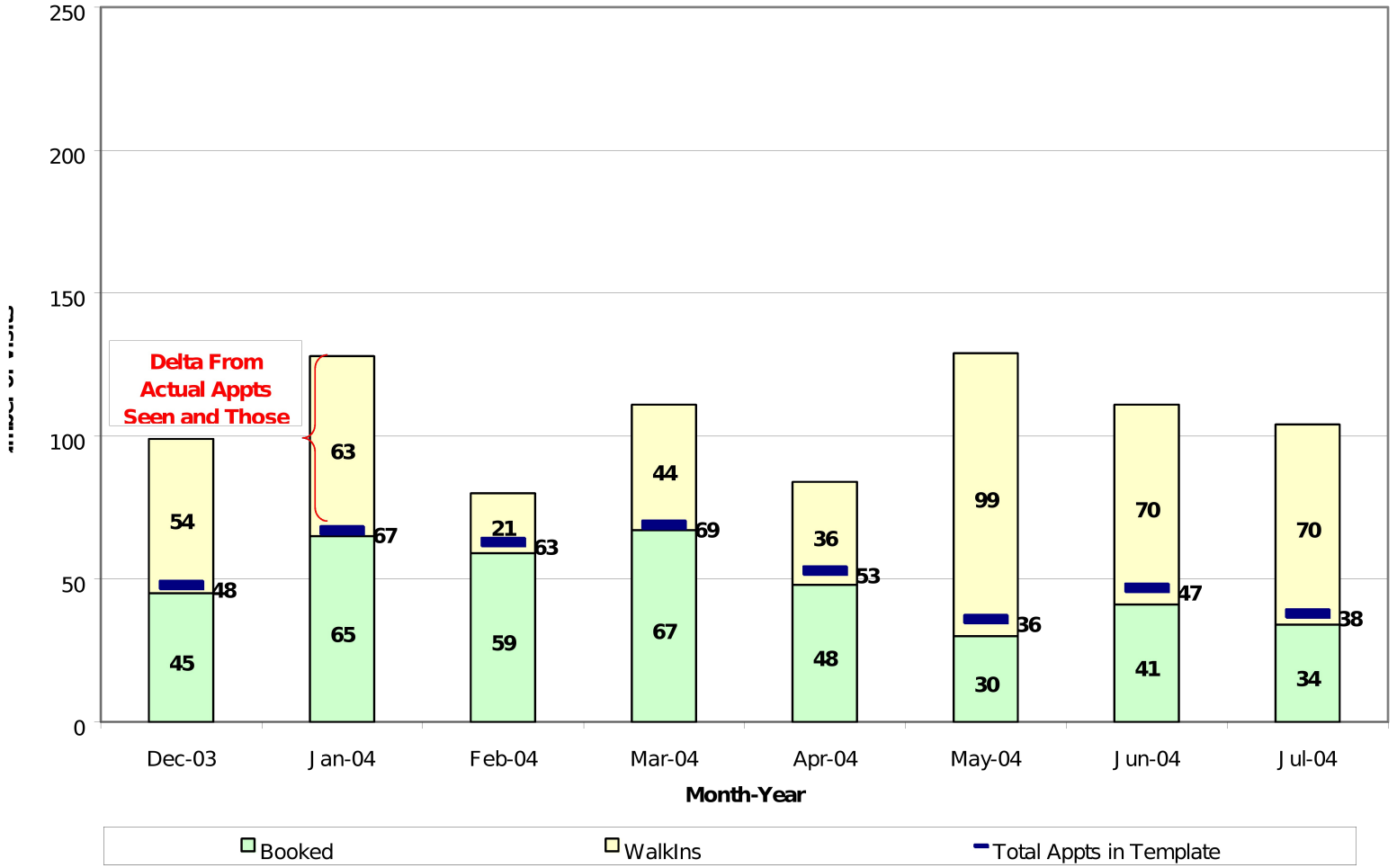
Template Review
Pediatric Cardiology



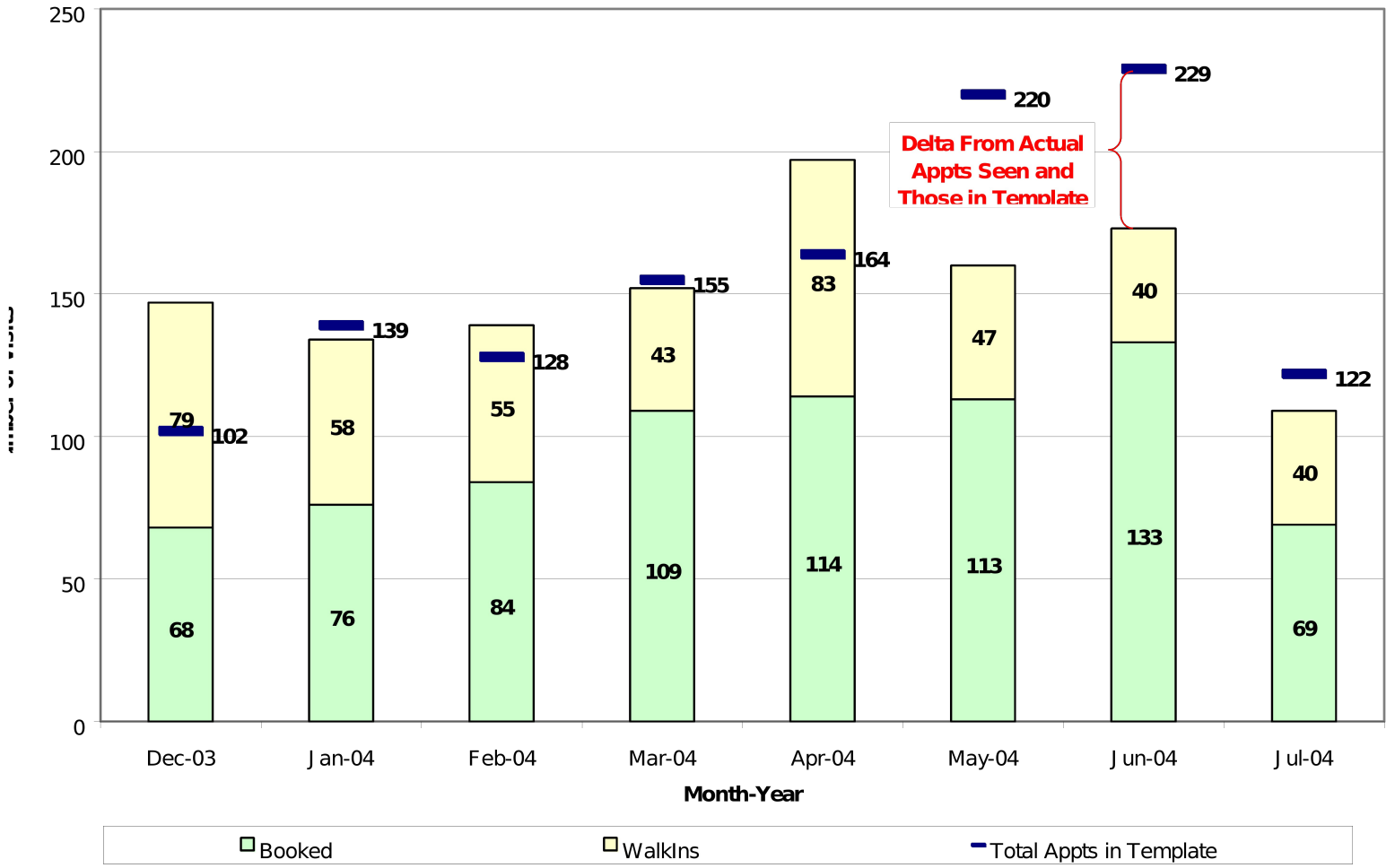
Template Review
Pediatric Nephrology



Template Review
Pediatric Neurology



Template Review
Pediatric Pulmonology



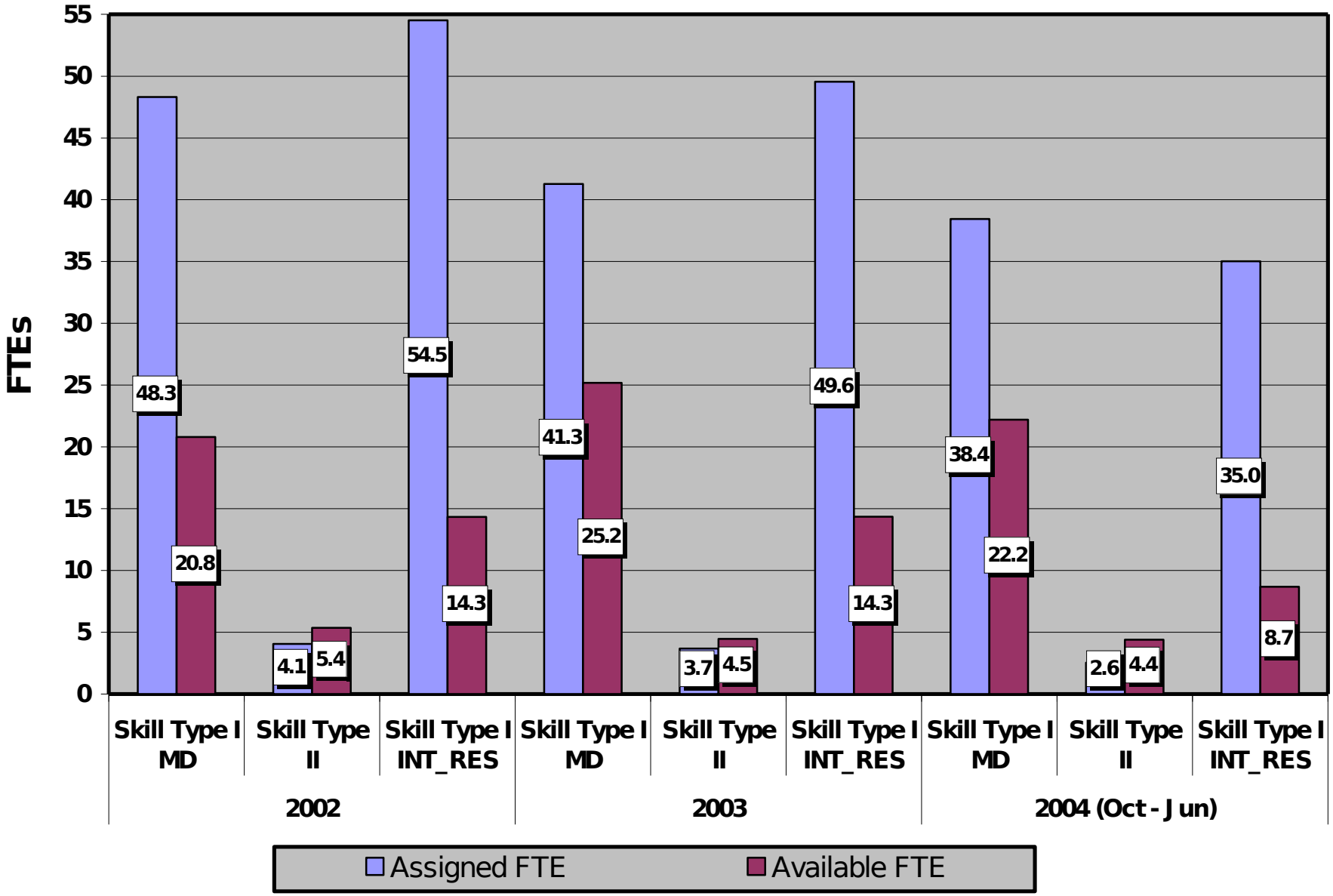
Pediatric Department
Benchmark Comparison per FTE

- General pediatric productivity (per FTE staff provider per day, FY04 through 8/30/04)

	Encounters	Visits	T-Cons	RVUs
Military	21.2	18.0	3.2	15.8
RSA	20.1	18.7	1.4	12.7

- Subspecialty staff productivity cannot be assessed due to coding problems
  - Vast majority of subspecialty visits not accounted for in CHCS and M2
- Four providers currently deployed
  - Genetics, heme/onc, neonatalogy, critical care
- 2 nurses and 2 4Ns also deployed

Pediatrics MEPRS Reporting
By FY and Skill Type



Pediatric Department
Issues/Requirements

- Insufficient Personnel (#1 problem)
  - Providers
    - Critical care staff – contract providers pending credentialing
      - Risk closure of PICU if staff deploy (on CCATT team)
    - General pediatricians – losing 3 FTE RSA positions
      - Enrollment capacity will drop to 15,100
      - Need to disenroll 1700 patients
      - Can no longer support weekend / evening clinic

Pediatric Department
Issues/Requirements

- Insufficient Personnel
  - Nurses
    - No nurses in primary care clinic
      - Unable to implement PCO
      - Need triage nurse for demand management
    - Inpatient units (PICU, NICU, and ward) with reduced beds
      - Adversely affecting training programs
      - Critical to maintain 6-bed PICU
        - » Smaller unit insufficient to maintain nursing skills or to meet clinical demand
  - Techs
    - Bottleneck checking in patients
    - Provider efficiency greatly reduced

Pediatric Department
Issues/Requirements

- Insufficient space
  - Primary care
    - Usually have 1 combination office/exam room per provider
      - Impairs efficiency – appointments every 20 minutes
    - Adolescent medicine needs separate clinic space to satisfy fellowship accreditation requirements
  - Inpatient ward
    - Temporarily moved to 8B during renovation
    - 18 beds, but some unusable due to cohorting issues
      - 4-bed rooms may not be filled due to infection control and patient gender issues
    - Physical capacity inadequate for usual high winter census

Pediatric Department
Issues/Requirements

- Poor staff morale
  - Documented in unit climate survey
  - Excess workload is major contributing factor
    - Staff providers average 67 hours/week
    - Related to lack of support staff
  - Internal communication / teamwork also being addressed

Pediatric Department
Issues/Requirements

- Equipment
  - Critical equipment approved but unfunded
    - IV pumps, ECMO machines, neonatal incubators, echocardiography station
    - Current equipment at the end of useful life
  - Patient furniture falling apart – also approved/unfunded
    - Gives families immediate bad impression of facility

Pediatric Department
Issues/Requirements

- Medical Records
  - Poor record availability at appointments
  - Coding issues
    - Majority of subspecialty visits not accounted for in CHCS / M2
    - Primary care visits have more accurate numbers
      - Some providers still grossly undercounted
    - Inaccurate coding for visits that are in system
      - Low average RVUs / encounter confirms inaccurate coding
      - Procedures without visit not coded until recently
        - » Examples are EEG and EKG interpretation
      - Subspecialty consults routinely coded as established pt visits
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